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ON

CUTANEOUS DISEASES.

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VOL. I.

CONTAINING

ORD. I. PAPULÆ.
ORD. II. SQUAMÆ.
ORD. III. EXANTHEMATA.
ORD. IV. BULLÆ.

BY

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SOCIETY OF

INTRODUCTION.

NO apology ſeems requiſite for offering to the public a new account of Cutaneous diſeaſes; as it is generally acknowledged that the arrangement, deſcription, and treatment of them conſtitute a branch of medicine which has never been ſufficiently cultivated. Indeed little improvement has been made in the ſubject at large, ſince the time of Avicenna. Later authors who profeſs to treat of it expreſsly, do not always furniſh additional materials from their own obſervation and experience. Their principal object has been to reconcile the deſcriptions of cutaneous complaints, given by the Greek and Arabian Phyſicians, with each other, and alſo with the forms of them obſerved in this and the neighbouring countries; an attempt which can ſcarcely be deemed either

rational or practicable. Affections of the ſkin muſt be ſuppoſed, as well as others, to vary much in different climates. It is therefore improper to apply the ſame names, or to eſtabliſh the identity of diſeaſes, where the reſemblance perhaps conſiſts only in one or two circumſtances of ſmall importance; more eſpecially, ſince the obſcurity and want of preciſion in the deſcriptions left us by the antients ſometimes render it difficult to aſcertain their meaning. Nevertheleſs, as much advantage may be derived from their labours, I think it neceſſary, in this place, to give a ſummary view of what they have done on the ſubject, which will at the ſame time ſerve to point out the deficiencies that remain to be ſupplied.

The Greek writers afford a tolerably diſtinct account of Phlegmone, Eryſipelas, Herpes, and their varieties; as alſo of ſeveral local tumours, under the names of Phyma, Anthrax, Phygethlon, Dothien, Epinyctis, Terminthus, Ionthos, &c. Of the formidable diſeaſe termed Elephantiaſis, they have given a minute and elaborate deſcription. Some more ſtrictly cutaneous affections they denote by the terms Cneſmos, Lichenes, Pſora, and Lepra; which, though diſſimilar in their form and progreſs, are arranged under the ſame genus, from a theoretical notion reſpecting their cauſes. In like manner the Alphos, Leuce, and Melas, are deſcribed

ſcribed as having a cloſe affinity with each other, whilſt they really differ in their principal characteriſtics.

The Greeks have been moſt particular in deſcribing external affections of the head; but miſlead us, by applying new names to the ſame diſeaſe, in different ſituations, or different ſtages of its progreſs. This will appear from comparing their accounts of Pityriaſis, Ceria, Achores, Meliceris, Melitagra; Exanthemata, Helcydria, and Pſydracia Capitis; Sycoſe and Lichenoſe tubercles of the chin; Madaroſis, Milphoſis, Ptiloſis, Alopecia, and Ophiaſis. Of the diſeaſes of the eyes, teeth and gums; alſo of Apthæ and other affections of the tongue; of Polypi, Ozæna, &c. their deſcriptions are minutely accurate. Several external blemiſhes, not ranking as diſeaſes, are alſo mentioned by them, as Ephelides, Phaci, Chalazia, Thymia, Peliomata, Celides, Rhagades, Tyli, Myrmeciæ, Acrochordones, &c.

Many deficiencies are, however, to be noted in theſe authors:

Firſtly. They do not ſufficiently deſcribe puſtular diſeaſes, which are the moſt numerous and moſt important

ant

ant of all cutaneous complaints; nor do they always diſtinguiſh Puſtules from Papulæ and Exanthemata.

Secondly. They give us no regular hiſtory of proper exanthematous diſeaſes, or raſhes: but are ſatisfied with a looſe compariſon of their appearances to the effects produced upon the ſkin by nettles and other ſtinging plants, or by the bites of fleas, gnats, bugs, &c. applying ſeveral terms to denote them, as, Exanthiſmata, Blaſtemata, Eczeſmata, &c. but without any diſtinctive characters. Their only material obſervations are, that ſome forms of the exanthemata are permanent, while others appear and diſappear irregularly: and further, that thoſe of a purple or black colour are highly dangerous.

Thirdly. They ſometimes employ the ſame term to expreſs different diſeaſes. This is particularly obſervable in the uſe of the word, Pſora, which they apply to a diſeaſe whoſe characteriſtic appearance is a diſtribution of ſcales in various figures; to a puſtular complaint, terminating in extenſive ſuperficial ulcerations; and alſo to a diſeaſe of the eyes or eyelids.

Fourthly. Of Chærades, or Struma their account is very ſlight and partial.

Celſus,

Celſus, Pliny, Marcellus, and other Roman authors, have copied the Greek accounts of cutaneous diſorders, only changing ſome of their terms, without materially improving the ſubject.

Under Impetigo, as a generic title, Celſus ſeems to comprehend the ulcerated Pſora, the ſcaly Pſora, and perhaps the Lepra of the Greeks, along with ſome other diſſimilar affections.

He conſtitutes a genus Vitiligo, including the Alphos, Leuce and Melas: under the titles of Papula and Ignis ſacer, he has deſcribed the Lichenes and Herpes of the Greek writers; and he includes their Alopecia and Ophiaſis under the general term Area. Celſus, however, is the firſt who has given a particular account of the Scabies, a diſeaſe mentioned indeed by the Greeks, but no where deſcribed by them.

The Arabian phyſicians are, on the whole, more diſtinct in their account of cutaneous diſeaſes than either the Greeks or Latins; but their ſenſe has been obſcured by very erroneous tranſlations. They accurately deſcribe external affections of the head; diſtinguiſhing them into Alraba (Cruſta Lactea), Alavirati (Pityriaſis), Alſahara or the dry Sahafati (porrigo), and Refrengi, the moiſt or ulcerated Sahafati (Cerion) of

of infants. Balkiati and Alvatin they repreſent as obſtinate forms of the Sahafati extending to other parts of the body. They have alſo particularly mentioned the diſeaſes of the hair, and ſeveral ſpecies of baldneſs.

Some diſeaſes affecting the ſkin more generally are deſcribed by them under the names of Black Morphea, White Morphea, Alguada, Black, and White Albaras, Uſagro, Herifiati, and Alchariſi, &c.

This multiplicity of terms has been productive of confuſion; and is the leſs neceſſary, as many of them do not expreſs different kinds of diſeaſe, but rather apply to different degrees of the ſame affection. Thus the Alguada and White Morphea, are deſcribed merely as ſuperficial and ſlight forms of the White Baras, which anſwers to the Leuce of the Greeks. The Black Baras ſeems to be the Impetigo Nigra of Celſus: It is ſaid to be of the ſame nature, and referable to the ſame cauſes as the Black Morphea, but to affect the fleſh and even the bones, whereas the Morphea is confined to the ſkin. The Uſagro is likewiſe confounded with the black Morphea and Baras; and all of them are ſometimes repreſented as appearances of a more general diſeaſe, the Leproſy or Elephantiaſis.

In

In the order of Exanthemata, the Arabian writers have deſcribed the Eſſera, and Benat or the plant of night: they diſtinguiſh the miliary raſh under the title of Haſef; and are the firſt authors who have accurately deſcribed the meaſles (Alhaſba). Among the Puſtular diſeaſes they alſo have given the firſt account of the ſmall-pox (Algidri); and have deſcribed an affection ſimilar to the Scabies of Celſus, which, however, is not properly diſtinguiſhed from the Sahafati and Uſagro.

Their uſe of the term Bothor renders this laſt order of diſeaſes very indefinite; ſince Bothor does not with them ſimply denote Puſtules, but alſo Papulæ, wheals, warts, corns, and every ſpecies of tubercle upon the ſkin.

The Arabians have exactly copied the Greek accounts of the Anthrax, Herpes, and Eryſipelas. They term the laſt Almeſire, and diſtinguiſh it with great accuracy from Phlegmonous inflammation. They deſcribe one form of Herpes under the denomination of Perſian fire; and comprehend the Phyma, Phygethlon, Bubon, and Terminthus of the Greeks under a generic term, Althoin. The affection denominated Sare, ſeems to be the Epinyctis. Their Abdemenul is the Greek Dothien, or boil. Of the Scrofula they have given

given a more accurate account than the Greek writers: and they mention the ſwelling of the throat, which ariſes from an enlargement of the thyroid gland, under the term Botium.

Laſtly, They have noticed a variety of local affections, which it will be ſufficient at preſent to mention; Baraſſen (Lentigines), Alguaſſem (Livores); Alcola (Apthæ), Aleſirati (Rhagades), Alhaſaph (Intertrigo) Aſec (tubera), Alcoalib and Luteſula (Verrucæ), Miſmar (Clavus), Alcahas (Paronychia), Aſalha (Lupia), and Albedſſanem, which comprehends red ſpots of the face, and ulcerations, from cold, on the extremities.

It is not here neceſſary to review all the modern authors on the ſubject of cutaneous diſeaſes, as I ſhall make frequent references to them in the courſe of this work. They not only give various interpretations of the accounts left us by the antients, but have perverted the ſenſe of many paſſages, in the Greek writers more particularly. They alſo make artificial arrangements by no means conſiſtent with each other; ſome reducing all the diſeaſes under two or three genera; whilſt others, too ſtudious of amplification, apply new names to different ſtages or appearances of the ſame complaint. Thoſe who attempt to give theoretical views of the ſubject at large, are ſeldom clear

clear and ſatisfactory: and there ſeems a peculiar impropriety in claſſing the diſeaſes, as ſome have done, from hypothetical principles, rather than from their obvious characteriſtic appearances.

From what has been ſaid, the deſiderata in regard to cutaneous diſeaſes, may be ſtated as follows;

1. To fix the ſenſe of the terms employed, by proper definitions.

2. To conſtitute general diviſions or orders of the diſeaſes, from leading and peculiar circumſtances in their appearance: to arrange them into diſtinct genera: and to deſcribe at large their ſpecific forms, or varieties.

3. To claſſify and give names to ſuch as have not been hitherto ſufficiently diſtinguiſhed.

4. To ſpecify the mode of treatment for each diſeaſe.

To complete adequately a plan ſo extenſive muſt be conſidered as an undertaking of much difficulty; and perhaps exceeding the powers of any individual. In

the preſent attempt to improve the ſubject, my principal attention muſt neceſſarily be directed to the cutaneous diſeaſes occurring in this country. An extenſive acquaintance with theſe was neceſſary for the purpoſe; and I may preſume that the line of public practice in which I have been ſeveral years engaged, has afforded me ſufficient opportunities of examining them with accuracy. I do not, however, propoſe to confine myſelf ſolely to the cutaneous diſeaſes of this country; but ſhall compare thoſe I have obſerved, with the accounts of ſimilar affections by antient and modern writers.

In order to convey diſtinct ideas on the ſubject, I ſhall elucidate every genus by coloured engravings repreſenting ſome of it's moſt ſtriking varieties. This method is new, and will be attended with many advantages; though at the ſame time ſubject to a variety of imperfections. Such repreſentations cannot ſufficiently expreſs the various degrees of opacity and clearneſs in Puſtules; nor the quantity or quality of the matter diſcharged from ſuperficial ulcerations: neither can they extend to every minute circumſtance in the courſe of a diſeaſe, being neceſſarily taken at ſome fixed period of it.—I would therefore wiſh the drawings to be conſidered only as auxiliaries to the verbal deſcription: as ſuch, they will be more eſpecially uſeful in ſhewing

ſhewing the number, form, ſize and colour of the Papulæ, Puſtules, Tubercles, ſpots, &c. conſtituting the diſeaſe, which appearances cannot always be clearly communicated in words.

It is proper here to mention that the outline of my plan for the arrangement and deſcription of cutaneous diſeaſes was preſented ſome time ago to the Medical Society of London, and was honoured with the Fothergillian Gold Medal for the year 1790. I cannot but warmly expreſs my obligation to the Society for this diſtinguiſhed teſtimony of their favour; and ſhall think myſelf happy, if the more enlarged view which I ſhall now endeavour to give of the ſubject, can afford ſatisfaction to them and to the publick in general.

Conſiſtently with the principles above laid down, I ſhall proceed in the firſt place, to define the ſenſe of ſeveral technical terms employed in the following pages.

DEFI-

DEFINITIONS.

I. SCURF (furfura); ſmall exfoliations of the cuticle, which take place after ſome eruptions on the ſkin; a new cuticle being formed underneath during the exfoliation. Pl. 1. Fig. 1.

II. SCALE (Squama); a Lamina of morbid cuticle, hard, thickened, whitiſh and opaque; Pl. 1. Fig. 2. Scales have at firſt the figure and extent of the cuticular lozenges; but afterwards often increaſe into irregular layers, denominated CRUSTS, Fig. 3. Both Scales and Cruſts repeatedly fall off, and are reproduced in a ſhort time.

III. SCAB; a hard ſubſtance covering ſuperficial ulcerations, and formed by a concretion of the fluid diſcharged from them. Fig. 4.

IV. STIGMA; a ſmall red ſpeck in the ſkin, occaſioning no elevation of the cuticle. Stigmata are generally diſtinct or apart from each other. They ſome-

ſometimes aſſume a livid colour; and are then termed PETECHIÆ. Fig. 5.

V. PAPULA; a very ſmall and acuminated elevation of the cuticle, with an inflamed baſe, not containing a fluid, not tending to ſuppuration. Fig. 6. The duration of Papulæ is uncertain; but they terminate, for the moſt part, in Scurf.

VI. RASH (Exanthema); conſiſts of red patches on the ſkin, variouſly figured, in general confluent, and diffuſed irregularly over the body, leaving interſtices of a natural colour. Portions of the cuticle are often elevated in a raſh, but the elevations are not acuminated. The eruption is uſually accompanied with a general diſorder of the conſtitution, and terminates in a few days, by cuticular exfoliations. Three different forms of Raſhes are exhibited in Pl. 1. Fig. 7.

VII. MACULA; a permanent diſcolouration of ſome portion of the ſkin, often with a change of it's texture, but not connected with any diſorder of the conſtitution. Fig. 8.

VIII. TUBERCLE; a hard, ſuperficial tumor, circumſcribed, and permanent; or proceeding very ſlowly

to

to ſuppuration. The general ſize and appearance of tubercles is repreſented Pl. 1. Fig. 9.

IX. VESICLE (Bulla); an elevation of the cuticle, of a large ſize, irregularly circumſcribed, and containing a tranſparent watery fluid. Fig. 10. Veſicles with a dark-red, or livid-coloured baſe, are uſually denominated PHLYCTÆNÆ. Fig. 11.

X. PUSTULE; an elevation of the cuticle, ſometimes globate, ſometimes conoidal in its form, and containing pus, or a lymph which is in general diſcoloured. Puſtules are various in their ſize, but the diameter of the largeſt ſeldom exceeds two lines.

There are many different kinds of Puſtules properly diſtinguiſhed in medical authors, by ſpecific appellations; as

1. PHLYZACIUM; a Puſtule of the ſize repreſented in Pl. 1. Fig. 13. containing pus, and raiſed on a hard, circular, inflamed baſe, of a vivid red colour. It is ſucceeded by a thick, hard, dark-coloured ſcab.

2. PSYDRACIUM; a minute Puſtule, irregularly circumſcribed, producing but a ſlight elevation of the cuticle, and terminating in a laminated ſcab. Fig. 14. Many of theſe puſtules uſually appear together, and become

become confluent. When mature they contain pus; and after breaking, diſcharge a thin watery humour.

3. ACHOR; a Puſtule of intermediate ſize between the two foregoing, which contains a ſtraw-coloured fluid, having the appearance, and nearly the conſiſtence of ſtrained honey. Fig. 15. It appears moſt frequently about the head, and is ſucceeded by a dull white, or yellowiſh ſcab.

Puſtules of this kind, when ſo large as nearly to equal the ſize of Phlyzacia, are termed, CERIA or FAVI; being ſucceeded by a yellow, ſemi-tranſparent, and ſometimes cellular ſcab, like a honeycomb; Fig. 16.

4. PHLYCTIS; a ſmall Puſtule with a circular baſe ſlightly inflamed, containing a lymph, which is ſometimes clear and pellucid, but more frequently whitiſh like whey, or pearl-coloured. Pl. 1. Fig. 12. The puſtule terminates in a laminated ſcab.

Under this head may be ranked the puſtules denominated by authors Hydroa, or Hidroa, Boa, Sudamina, and miliary puſtules.

I pro-

I propoſe to arrange Cutaneous Diſeaſes in ſeven orders, to be characterized by the different appearances of Papulæ, Scales, Raſhes, Veſicles, Puſtules, Tubercles, and Maculæ. By comparing together the 2d, 5th, 6th, 7th, 8th, 9th, and 10th definitions, the diſtinguiſhing characters of each order may be readily underſtood, and will be farther illuſtrated in treating of the orders reſpectively.

ORDER

ORDER I.

PAPULÆ.

PAPULÆ may be conſidered as enlargements of the Papillæ of the ſkin, occaſioned by a ſtrong determination of blood to them, ſometimes attended with a degree of inflammation. The ſmall Papillæ thus enlarged elevate the cuticle immediately above them, and appear red. A ſlight effuſion of Lymph often takes place in theſe circumſtances, and gives a puſtular form to ſeveral of the Papulæ: but the fluid is re-abſorbed without breaking the cuticle. The term Papula is employed by medical authors in various ſignifications. Marcellus* and Scribonius Largus extend it to expreſs herpetic puſtules, achores, and vari. Pliny† includes under this title, wheals, miliary puſtules, and petechiæ. Profeſſor Lorry and others alſo apply it to wheals and

* Marcell. de Medic. c. 4. & 19. Scribon. De Comp. Med. cap. 23 & 98.

† Hiſt. Nat. lib. 20. cap. 20. L. 26. c. 11. L. 28. c. 17, &c.

ſuperficial tubercles, or puſtules * of various kinds. Plenck, in his Doctrina de Morbis Cutaneis, claſs 5. has defined Papulæ as follows; Sunt tumores exigui ſed duri qui vel reſolvuntur, vel ex Apice quid humidi ejiciunt et dein deſquammantur. Yet he comprehends in the claſs, ſeveral affections, not properly anſwering his ſpecification of it, nor at all related to each other, as Vari, Grutum ſeu Milium, Herpes, Cutis Amſerina, Tuberculum, Phygethlon, Lepra, Elephantiaſis. It appears therefore that ſome limitation of the ſenſe of this term is neceſſary. In defining it (Def. 5.) I have followed the authority of Sauvage and Linnæus.† If that definition be ſtrictly adhered to, few genera will be found belonging to this order. I have only obſerved three, which merit particular notice, Strophulus, Lichen, and Prurigo.

* Compare Manard. Ep. Med. 7. Fernel. Pathol. L. 7. C. 1. Tagault. Chirurg. Lib. 1. Cap. 2. Lommii Med. Obſ. L. 2. Sennert. Pract. Med. L. 5. Part 1. Cap. 21. Plater. de Superf. Corpor. Dolorib. Cap. 17. Hafenreffer De Cutis Affectib. Lib. 1. Cap. 15. Theod. Corbeii Patholog. L. 2. Sect. 5.

† Papula: Phyma parvulum, deſquamari ſolitum. Sauvage's Noſol. Method.

Papula eſt tuberculum farctum, coloratum, inflammatum, vix ſuppurandum. Linn. Noſolog. See Celſus de Medicin. Lib. 5. Cap. 27. § 18.

I. The

I. The STROPHULUS is a papulous eruption, peculiar to infants, and exhibiting a variety of forms, which may be deſcribed under the titles of Strophulus Intertinctus, Strophulus Albidus, Strophulus Confertus, Strophulus Volaticus, Strophulus Candidus.

1. STROPHULUS INTERTINCTUS, uſually called, The RED GUM, and by the French, EFFLORESCENCE BENIGNE. The Papulæ characterizing this affection, riſe ſenſibly above the level of the cuticle, are of a vivid red colour, and commonly diſtinct from each other. Their number and extent varies much in different caſes. They appear, moſt conſtantly, on the cheeks, fore-arm, and back of the hand; but are ſometimes diffuſed over the whole body. The Papulæ are, in many places, intermixed with ſtigmata (Def. 5.), and often with red patches of a larger ſize,* which do not however occaſion any elevation of the cuticle. A child's ſkin thus variegated, ſomewhat reſembles a piece of red printed linen: and hence this eruption was formerly

* Infantum cutis plerumque eruptione quadam inducitur, nutricibus noſtris dicta, the Red Gum, rubrum gummi. Et hic quidem morbus qui infantulorum proprius eſt, per glandulas quæ miliares nominantur, ſe large profert, modo latis puſtulis, modo mirè exiguis, rubroque colore conſpicuis. Ruſſel Œconom. Natur. in Morb. Gland. Page 42. See PLATE II.

denominated the RED-GOWN,* a term which is ſtill retained in ſeveral counties of England, and may be found in old dictionaries. Medical writers have changed the original word for one of a ſimilar ſound, but not more ſignificant.

The Strophulus Intertinctus has not, in general, any tendency to become puſtular: a few ſmall puſtules containing a ſtraw-coloured, watery fluid, occaſionally appear on the back of the hand, but ſcarcely merit attention, as the fluid is always re-abſorbed in a ſhort time, without breaking the cuticle. The eruption uſually terminates in ſcurf, or exfoliations of the cuticle: it's duration, however, is very uncertain: the papulæ and ſpots ſometimes remain for a length of time, without any obvious alteration; ſometimes diſappear and come out again daily; but, for the moſt part, one eruption of them ſucceeds another, at longer intervals, and with more regularity.

This complaint occurs chiefly within the two firſt months of lactation. It is not always accompanied

* Redde-Gowne, Strophulus; a ſickneſſe of young children. Hulœt's Dictionary, 1572. See alſo Rider's Dictionary, Oxf. 1589; Holyoke's, and Littleton's Dictionaries, Lond. 1606 and 1678.

with,

with, or preceded by any diſorder * of the conſtitution, but appears occaſionally in the ſtrongeſt and moſt healthy children. Some authors connect it with apthous † ulcerations common in children, ſuppoſing the latter to be a part of the ſame diſeaſe, diffuſed along the internal ſurfaces of the mouth and inteſtines: The fact however ſeems to be, that the two affections alternate with each other; for thoſe infants who have the papulous eruption on the ſkin are leſs liable to apthæ; and when the apthæ take place to a conſiderable degree, the ſkin is generally pale and free from eruption.

* "I am inclined to think that the Red Gum is generally preceded by "ſickneſs at ſtomach; but this is ſo common to new-born infants, that little "notice is taken of it by the nurſes. Where the ſickneſs has been more con- "ſiderable, I have generally found it followed and removed by a copious "eruption of the Red Gum." Dr. John Sims.

† Actuar. Meth. Med. L. 4. C. 14. Myrepſ. De Compoſ. Med. § 38. Cap. 119, 120.

Infantulorum apthæ ejuſdem opinor ſunt naturæ cum illis eruptionibus quæ vocantur, the Red Gum; & in hac re ſolum diſcrepant, quod ut alter morbus cutem, ità hic glandulas internas infeſtat. Ruſſel Œconom. Natur. in Morbis Glandular. Page 57. See Dr. Underwood, on the Diſeaſes of Children, vol. 1, page 91.

The

The Strophulus Intertinctus is, by moſt writers, ſaid to originate from an acidity, or acrimonious quality of the milk taken into a child's ſtomach, communicated afterwards to the blood, and ſtimulating the cutaneous excretories. This opinion might, without difficulty, be proved to have little foundation; but in a work of this kind I do not think it ſo neceſſary to theorize concerning diſeaſes, as to deliver faithfully an account of their ſymptoms and external appearances. I ſhall therefore only obſerve, 1ſtly, That the prediſpoſition to the complaint may be deduced from the delicate and tender ſtate of the ſkin, and from the ſtrong determination of blood to the ſurface, which evidently takes place in infants. 2dly, That the papulous eruption is, in many caſes, connected with a weak, irritable ſtate of the alimentary canal, and conſequent indigeſtion. For if it be, by any means, ſuddenly repelled from the ſurface, diarrhea, vomiting, ſpaſmodic affections of the bowels, and often general diſturbance of the conſtitution ſucceed: but as ſoon as it re-appears, thoſe internal complaints are wholly ſuſpended. Dr. Armſtrong and others * have particularly

* Armſtrong on the Diſeaſes of Children, p. 30. Smellie Coll. 47. vol. 3. Dr. Underwood, vol. 1, p. 92. Cum ſecretiones quæ poſt aures & per inguina, &c. perficiuntur, cumque eruptio dicta, the Red Gum, ex toto eva-

cularly noted this reciprocation, which makes the Red Gum, at times, a diſeaſe of ſome importance, though, in its uſual form, it is not thought to be in any reſpect dangerous. On their remarks a neceſſary caution is founded, not to expoſe infants to a ſtream of very cold air, nor to plunge them unſeaſonably in a cold bath; the moſt violent, and even fatal ſymptoms having often been the conſequence of ſuch imprudent conduct.

With regard to the treatment of this form of Strophulus, much need not be ſaid. The common mild appearance of it, being conſiſtent with a healthy ſtate of all the functions of the body, requires no medicinal application. It is however adviſeable to keep the ſkin clear from ſordes, and to promote equable perſpiration. This may be done beſt, by daily ablutions

evaneſcunt; tum ſecretiones per glandulas tubi alimentarii quotidie augeri incipiunt. Infans acidis ructibus affligitur, cibum vomendo rejicit; inteſtina flatibus diſtenduntur; ſtrangulationes in gutture, ut in mulieribus hyſtericis percipiuntur; ſonitu quovis inopinato contremiſcit. In maribus, veſtimentis exutis, tam circa teſticulos, quam oculos quoque & os, color tanquam plumbeus cernitur; dormienti penis erigitur; e ſomno ſæpe contractis fortiter pugnis excitatur; oculos uno in loco figit, intenditque; & ſi quidem alvus durior ſit, ſæpe motibus epilepticis, ſæpe convulſivis corripi ſolet. Ruſſel Œconom. Natur. p. 45.

with

with tepid water, which prove uſeful in moſt cutaneous diſorders, and will be found of conſiderable importance with reſpect to the general health of infants.*

Some further conſiderations are requiſite where the eruption is more obviouſly connected with a morbid ſtate of the ſtomach and bowels.† In this caſe very much depends on proportioning the aliment to the digeſtive powers‡: and, with a view to invigorate them, ſuch modes of exerciſe muſt be employed, as can be conveniently born by infants. When the eruption has been repelled from the ſkin, in conſequence of improper expoſure to cold, or otherwiſe, and produces internal diſorder, a warm bath is the remedy found moſt effectual: it preſently relieves the urgent ſymptoms, and often recals the eruption.§

* Aet. Tetr. 1. Serm. 4, ch. 3.

† See Ruſſel Œconom. Nat. p. 46.

‡ Paul. Ægin. L. 1. ch. 5.

§ Dr. Armſtrong obſerves, "In this complaint I have ſeen the warm "bath of eſſential ſervice, and very good effects from a bliſter." He has exemplified the practice by a very ſtriking caſe.

2. STRO-

2. STROPHULUS ALBIDUS, by ſome termed the White Gum, is merely a variety of the Strophulus Intertinctus; but deſerves ſome notice on account of the different appearance of its papulæ. In place of thoſe deſcribed as characterizing the Red Gum, there is a number of minute, whitiſh ſpecks, a little elevated, and ſometimes, though not conſtantly, ſurrounded by a ſlight redneſs. Theſe papulæ, when their tops are removed, do not diſcharge any fluid: it is however probable that they are originally formed by the depoſition of a fluid, which afterwards concretes under the cuticle. They appear chiefly on the face, neck, and breaſt, and are more permanent than the papulæ of the Red Gum. In other reſpects they have the ſame nature and tendency, and require a ſimilar plan of treatment. The mode of their diſtribution on the face is repreſented with exactneſs, Pl. 3.

Although a diſtinctive name has been applied to this eruption, when occurring alone, yet it is proper to obſerve, that, in a great number of caſes, there are red papulæ and ſpots intermixed with it, which prove it's connexion with the Strophulus Intertinctus. Dr. Underwood has improperly referred the white papulæ to the achores of the antients. See DEF. X. 3.

3. Strophulus Confertus. An eruption of numerous papulæ, varying in their ſize, appears on different parts of the body in infants, during dentition,* and has thence been denominated the Tooth Raſh: It is ſometimes alſo termed, the Rank Red Gum.

About the fourth or fifth month after birth, an eruption of this kind uſually takes place on the cheeks, and ſides of the noſe, extending ſometimes to the forehead and arms; but rarely to the trunk of the body. The papulæ on the face are ſmaller, and ſet more cloſely together,† than in the Red Gum; their colour is not ſo vivid; but they are generally more permanent. They terminate at length with ſlight exfoliations of the cuticle; and often appear again in the ſame places, a ſhort time afterward.

The papulæ which in this complaint occaſionally appear on the back or loins, are much larger, and ſomewhat more diſtant from each other, than thoſe on the face.

* Multi ſunt infantes quibus ad ſingulas dentitionis periodos irritatio lichenas (i. e. papulas) exteriùs protrudit. Lorry de Morb. Cutan. p. 245. See alſo Etmuller Diſſert. 10. § 32. It is to be obſerved that Dr. Armſtrong applies the denomination of Tooth Raſh to the Cruſta Lactea. On the Diſeaſes of Children, Pag. 34.

† See Pl. iv. Fig. 1.

They

They are often ſurrounded by an extenſive circle of inflammation; and a few of them contain a ſemi-pellucid watery fluid,* which is re-abſorbed when the inflammation ſubſides.

In the ſeventh or eighth month, the Strophulus Confertus aſſumes a ſomewhat different form: one or two large irregular patches appear on the arms, ſhoulder, or neck; in which the papulæ are hard, of a conſiderable ſize, and ſet ſo cloſe together, that the whole ſurface is of a high red colour.

Moſt commonly the fore-arm† is the ſeat of this eruption, the papulæ riſing firſt on the back of the hand, and gradually extending upwards along the arm: ſometimes, however, the eruption commences at the elbow, and proceeds a little upwards and downwards on the outſide of the arm. It arrives at it's height in about a fortnight: the papulæ then begin to fade, and become flat at the top: afterwards the cuticle exfoliates from the part affected, which remains diſcoloured, rough, and irregular, for a week or two longer.

* See Dr. Underwood, vol. 1, p. 95.

† See Pl. IV. Fig. 1.

A very

A very obſtinate and painful modification * of this complaint takes place, though not often, on the lower extremities. The papulæ ſpread from the calves of the legs to the thighs, nates, loins, and round the body, as high as the navel: being very numerous and cloſe together, they produce a continuous redneſs over all the parts above-mentioned. The cuticle preſently becomes ſhrivelled, cracks in various places, and finally ſeparates from the ſkin in large pieces. During this proceſs a new cuticle is formed, notwithſtanding which the complaint recurs in a ſhort time, and goes through the ſame courſe as before. In this manner ſucceſſive eruptions take place, during the courſe of three or four months; and perhaps do not ceaſe till the child is one year old, or ſomewhat more. Children neceſſarily ſuffer great uneaſineſs from the heat and irritation occaſioned by ſo extenſive an eruption; yet, while they are affected with it, they often remain free from any internal or febrile complaint. This appearance ſhould be diſtinguiſhed from the intertrigo of infants, which exhibits an uniform, red, ſmooth, ſhining ſurface, without papulæ; and which affects only the lower part of the nates and inſide of the thighs, being produced by the ſtimu-

* See Dr. Underwood, vol. 1, p. 105.

lus

lus of the urine, &c. with which the child's cloaths are almoſt conſtantly wetted.

The Strophulus Confertus, where the child is otherwiſe healthy, is generally aſcribed to a ſtate of indigeſtion, or ſome feveriſh complaint in the mother or nurſe; I have, however, frequently ſeen the eruption when no ſuch cauſe for it was evident. It may, with more probability, be conſidered as one of the numerous ſymptoms of irritation, ariſing from the inflamed and painful ſtate of the gums in dentition; ſince it always occurs during that proceſs, and diſappears ſoon after the firſt teeth have cut through the gums. On this view the eruption requires no ſpecific conſideration in medical practice: it can only be alleviated by the general treatment proper for the ſtate of teething, the regulation of which does not lay within my province. I ſhall therefore only obſerve, that we ſhould not be too haſty in ordering a child to be weaned, on the appearance of the Strophulus Confertus, which is often done on a ſuppoſition of ill health in the mother or nurſe.

4. The Strophulus Volaticus is characterized by an appearance of ſmall, circular patches, or cluſters of papulæ, ariſing ſucceſſively on different parts of the body. The number of papulæ in each cluſter is from

ſix

ſix to twelve. Both the papulæ and their interſtices are of a high red colour. Theſe patches continue red, with a little heat or itching, for about four days; when they turn brown, and begin to exfoliate. As one patch declines, another appears at a ſmall diſtance from it, and in this manner the complaint often ſpreads gradually over the face, body, and limbs, not terminating in leſs than three or four weeks. During that time the child has ſometimes a quick pulſe, a white tongue, and ſeems uneaſy and fretful. In many caſes, however, the eruption takes place without any ſymptoms of internal diſorder.

The above complaint has been by ſome writers denominated Ignis Volaticus Infantum*: I think it, how-

* Sauvage's account of the Ignis Volaticus, or Erythema Volaticum, though very incorrect, is yet deſerving of notice. Noſol. Med. tom. 1. p. 139. ERYTHEMA VOLATICUM; MACULÆ VOLATICÆ Sennerti; ÆSTUS VOLATICUS; vulgo FEU VOLAGE. Pueri lactentes non rarò erythemata habent in facie, pertinacia, conſtantia, intensè rubra, uniformia, circularia, monetæ minoris magnitudine, circa genas, labia; in maculæ centro non raro vidi foramen fuſcum, ſiccum.

Si hæ maculæ evadant cruſtoſæ, an ſunt quid diverſum a cruſtâ lacteâ? Sennertus ſe nunquam vidiſſe fatetur, atque maculas ori, oculis, auribus vicinas, pro lethalibus habendas profert, quod a vero aberrare docet Verducius.

Hujus

however, proper to remark, that under this title Aſtruc† and Lorry‡ have deſcribed one of the forms of the Cruſta Lactea, in which a ſucceſſive eruption of puſtules (achores, Def. 10.) takes place on the ſame ſpot, generally about the mouth or eyes, in children at different ages, and ſometimes in adults. The Maculæ Volaticæ Infantum, mentioned by Wittichius, Sennertus,§ and Sebizius,‖ agree in ſome reſpects with the Strophulus Volaticus: but they are deſcribed by other German authors as a ſpecies of Eryſipelas, or as irregular effloreſcences, affecting the genitals of infants, and often proving fatal.

Hujus deſideratur accurata hiſtoria: ſi calore, dolore careat, ad guttam roſeam attinet. Quas vidi cruſtoſæ non erant, unde a cruſtâ lacteâ differebant.

Sauvage has not mentioned the papulous elevations in the patches. The foramina, fuſca, ſicca, obſerved by him, may be thus accounted for: When the tops of the papulæ are abraded, by rubbing or ſcratching them, a diſcharge of lymph takes place from the ſmall openings, which preſently concretes into ſlight brown or blackiſh gummy ſcabs on the points of the papulæ.

† Aſtruc De Morb. Inf. page 44.

‡ Lorry, part 1. ſect. 2. Art. 3. De Morb. Cutan. Compare Sauvage, De Tineâ Volaticâ, vel igne Volatico: Noſol. Med. tom. 2. p. 579.

§ Lib. 5. p. 3. ſect. 1. cap. 6. See alſo Act. Nat. Cur. tom 4 and 8.

‖ Spec. Med. Pract. part 5. cap. 32.

The

The Strophulus Volaticus is a complaint by no means frequent. In moſt of the caſes which have come under my obſervation, it appeared between the third and ſixth month: in one inſtance, however, it occurred about ten days after birth, and continued three weeks, being gradually diffuſed from the cheeks and forehead to the ſcalp, afterwards to the trunk of the body, and to the extremities: when the patches exfoliated, a red ſurface was left, with a ſlight border of detached cuticle, as repreſented on the wriſt, Pl. 4. Fig. 2.

This eruption being ſometimes connected with a diſorder of the ſtomach and bowels, it becomes requiſite to adminiſter a gentle emetic, or ſome laxative medicines; after which the decoction of Peruvian Bark will be found of advantage. No external application ſeems neceſſary.

5. Strophulus Candidus. In this form of Strophulus the papulæ are larger than in any of the foregoing ſpecies. They have no inflammation round their baſe; their ſurface is very ſmooth and ſhining, whence they appear to be of a lighter colour than the adjoining cuticle. They are diffuſed, at a conſiderable diſtance from each other, over the loins, ſhoulders, and

and upper part of the arms: in any other ſituation they are ſeldom ſeen.

This eruption affects infants about a year old, and moſt commonly ſucceeds ſome of the acute diſeaſes to which they are liable. I have obſerved it on their recovering from a catarrhal fever, and after inflammations of the bowels or lungs. The papulæ continue hard and elevated for about a week; then gradually ſubſide and diſappear. Their ſize and diſtribution are repreſented, Pl. 4. Fig. 3.

Papulæ of this kind ſometimes likewiſe appear on the loins of children, along with an eruption of the Strophulus Confertus in the form deſcribed page 27.

Few obſervations have been left by the antients, reſpecting the papulous eruptions above deſcribed. The Greek Phyſicians, in general, comprehend Strophulus along with the Cruſta Lactea, and ſome other Cutaneous Diſeaſes peculiar to infants, under the denomination of ἐξανθήματα παιδίων. Aetius, however, has diſtinguiſhed the ἐξανθήματα, or papulous eruptions, from

puſtules and ulcerations*; and has laid down the mode of treatment proper for each of them. He directs us, in the former caſe, to waſh the child with a decoction of roſes, tamariſk, pomegranate-rind, or myrtle; and adds a caution againſt the uſe of ſalt-water and urine, which practitioners in his time uſually employed.

The different forms of Strophulus, and ſome other Cutaneous Diſorders, are compriſed by the Arabian writers under the general title of Bothor of Infants†. Theſe eruptions are in their opinion of the ſame nature, and referable to the ſame cauſes‡, as Apthæ, which they term Bothor of the Mouth. The method

* Μοχθηρὰ τροφὴ χρησαμενα τα νηπια διαφοροις περιπιπτει νοσημασιν, ὡστε συν αλλοις, και εξανθημαλα, και φλυκταινας, και καθυγρα ἑλκη καλα την επιφανειαν γιγνεθαι ἃ καλεσι βεβαϛικα, και ἑτερα παραπληϛια. Aet. Δ.

† Hujuſmodi Bothor aliæ ſunt albæ, aliæ rubræ, aliæ nigræ, aliæ magnæ, aliæ parvæ, & multæ, & paucæ; aliæ fortis & acuti doloris, & mortiferæ. Alſaharav. Pract. cap. 25. Eſt cum in corpore infantum accidunt Bothor: ſed quod ex eis ulceroſum eſt & nigrum, eſt mortale. Quod autem eſt album, eſt ſanius; & ſimiliter rubeum. Avicen. Lib. 1. Fen. 2. Doctr. 3. Cap. 3.

‡ Cauſæ vero in univerſum ſunt, corruptio lactis, cum ejuſdem malitiâ; vel ex eo quod non digeratur lac in Ventriculo. Alſaharav. C. 25.

of

of treatment recommended by them, in ſuch caſes, is ſingular. As ſoon as any papulæ appear, they direct that the child ſhould be expoſed to the ſteam of a veſſel full of boiling water, with a view to derive the morbid humour to the ſurface of the body.

* Curatio univerſalis eſt, ut rectificetur lac nutricis; et ponatur ſub puero olla plena aquâ calidâ in principio apparitionis puſtularum, ut attrahat humorem ad corporis ſuperficiem. Alſaharavius, cap. 25.

Et curatio generalis eſt, ut primo incipiat in correctione lactis: et ponat puerum in caldario pleno aquæ calidæ, ad attrahendum ſuperflua ab interioribus ad exteriora. Rhazes de Morb. Infantum, cap. 19.

ORDER I.

II. LICHEN.

HIPPOCRATES, according to his beſt commentators, employs the term Lichenes to expreſs an eruption of papulæ. Thus Fœſius Œconom. Hippoc. Λειχην eſt ſummæ cutis vitium, ut ψωρα & λεπρα, cum aſperitate & levi pruritu; deterius quidem pruritu, pſora autem & lepra levius. Lichenes inter exanthemata recenſentur. Hipp. Prorrh. 2. Ut & cutis fœditates & vitia cenſentur potius quam morbi. (Lib. περι παθων.) Neque abſimili modo Lichenes corporis profundum vitioſis humoribus in cutem erumpentibus expurgant. Aph. 20. Lib. 3. Sic etiam τα λειχηνωδεα εξαιρομενα, lichenes tuberoſi, turgentes, & in tumorem ſublati, hoc eſt, cum puſtulis & papulis dicuntur. L. 4. Epidem.

The later Greek authors extend the uſe of this term farther, comprehending under it, beſides the ſimple

ple and the rank * Lichen, a puſtular affection of the face ſometimes called ſycoſis,† and likewiſe the mentagra‡ a contagious diſeaſe, which is ſaid not to have appeared in Europe before the reign of Claudius Cæſar.

Celſus, Lib. 5. C. 28. comprehends the Lichen Simplex, and Lichen Agrius, of the Greeks, under the denomination of papula.§

Pliny, in one paſſage, Nat. Hiſt. L. 20. Cap. 1. conſiders the term Lichen as ſynonymous with the Impetigo of the Latins. He is, however, inconſiſtent with himſelf, ſince, on other occaſions, he employs theſe terms to expreſs different diſeaſes. The only author to whom we can refer for a definition of Impetigo is Celſus: and his account of it will be found in no reſpect correſpondent to that which the Greeks have

* Λειχην ἁπλες και λειχην αγριος. Galen. Introduct.

† Λειχηνωδων ογκων παθος. Aet. Tetrab. 2, 4, 16. Oribas Lib. 3. C. 57. or συκωσις, according to Galen, De Comp. Med. ſec. loc. Lib. 5.

‡ Actuar. L. 6. C. 6. Aet. Tetrab. 2, 4, 16. Marcellus De Medicinâ, C. 19. Plin. Hiſt. Nat. L. 26. Plin. De Re Medic. 2, 56.

§ See Gorræi Defin. Med. p. 361. Ingraſſias De Tumor. Tr. 1. C. 1. Tagaultii Inſt. Chirurgiæ, Lib. 1. Cap. 2.

given

given of the Lichenes.* All the tranſlators of the Greek medical writers have, nevertheleſs, uſed Impetigo as ſynonymous with the original term Lichen; and their example has been followed by many reſpectable authors on the ſubject of Cutaneous Diſorders.†

The Lichen has alſo been arranged under other genera of diſeaſe, with which it has ſtill leſs affinity than with Impetigo. Thus Sauvage‡ deſcribes it under the title of Herpes Farinoſus; and Lorry‖ confounds

* The real relation which ſubſiſts between the Lichen or Papula, and Impetigo, is ſtated by Celſus, L. 5. C. 28. where he ſays, "that the Papula Agria, "through neglect or improper treatment, is often changed into Impetigo." This obſervation is confirmed by experience; but ſurely does not authorize us to confound thoſe two diſeaſes, nor to employ the terms expreſſing them indiſcriminately.

† Joubarti interpretatio Dictionum Guidonis de Cauliaco, p. 26. Amat. Luſitan. Curat. Med. p. 155. Fernel. Patholog. 7. 6. Manard. Ep. Med. 7. Plater. tom. 3. p. 675. Lommius in Obſ. Med. 2. Fœſ. Œcon. Hippoc. Plenck De Morb. Cutan. p. 86.

‡ Noſol. Method. De Herpete. See alſo Bertrandi, Opere Anatomiche. T. 4. Articulo 11.

‖ Tertia [Lichenum] ſpecies ſæpe cum fundo miſcetur herpetico, unde ſublatis qui primo apparuerant Lichenibus, in verum herpetem mutatur. Lorry

founds both Lichen and Impetigo with Herpes. Platerus, Corbey, and Hafenreffer* arrange Lichen under the genus of Scabies. Some others apply this term ſolely to expreſs the Mentagra of the Latins.† Mercurialis‡ denies the affinity of that diſeaſe with the Lichenes, yet he conſiders the latter as a puſtular complaint, and the ſame with the Scabies deſcribed by Celſus, or the Arabian Impetigo.

Amidſt ſo much confuſion, it becomes difficult to fix the proper ſignification of the word Lichen. I before obſerved that Hippocrates applies it to denote an eruption of papulæ § on the ſkin. He certainly did not

Lorry De Morb. Cut. p. 150, 244, and 349. Compare Heurnius Comm. in Hipp. Cap. 20. L. 3.

* Plater. Praxis 3. 17. Hafenreff. De Cut. Affect. 1. 15. Corbeii Pathol. Lib. 2.

† Gab. Fallop. De Ulcerib. Cap. 25. Schenkii Obſ. 417, &c.

‡ Mercurialis De Morb. Cut. L. 2. Cap. 6.

§ Lichenum nomen apud Hippocratem univerſaliter ſumitur pro endemicâ cutis efflorescentiâ, unde mirum videtur & parum diligens, ab interpretibus nomen illud latine per impetiginem reddi. Sed in hiſce morbis magnam nominum

not comprize under this denomination any puſtular diſeaſe, ſince, in the 20th Aphoriſm of the third book, he mentions diſtinctively Lichenes, and ἐξανθησιες ἑλκωδεες, or ulcerating efflorescences, along with ſome other diſeaſes peculiar to the ſpring ſeaſon.

I think, therefore, it may lead to ſome proper diſtinctions in Cutaneous Diſorders, if, in conformity to the original ſenſe of the word, the Lichen be defined; An extenſive eruption of papulæ affecting adults, connected with internal diſorder, uſually terminating in ſcurf, recurrent, not contagious.

minum confuſionem reperimur. Unde Lichenes a Græcis ipſis parum intellectos, ab Arabibus, ut mihi ſaltem videtur prætermiſſos, pro depuratione cutis particulari habebimus cujus nobis ideam exhibere poſſunt eruptiones illæ quæ Gallis dicuntur, Dartres farineuſes. Lorry De Morb. Cutis p. 243. See Poupart Traitè des Dartres, p. 5.

M. Lorry's obſervation with regard to the Arabian Phyſicians, is not correct. The Lichen is noticed by Serapion as a ſpecies of Pruritus, uſually terminating in Impetigo.

Avicenna includes it in his deſcription of Herpes or Formica. 4. 3. 1. 6. Formica eſt Bothor quæ egrediuntur, & faciunt accidere apoſtema parvum, & ambulant; & fortaſſe ulcerant, fortaſſe reſolvuntur.—Et ad ſummum, omne apoſtema in cute ambulativum, quod latitudinem non habet, eſt Formica.

The

The extent of the diſeaſe being thus limited, I ſhall proceed to deſcribe the varieties of it, which have occurred to my obſervation, under the denominations of Lichen ſimplex, Lichen agrius, Lichen pilaris, Lichen lividus, and Lichen tropicus.

1. The LICHEN SIMPLEX uſually commences with head-ach, fluſhing of the face, loſs of appetite, general languor, and increaſed quickneſs of the pulſe. Diſtinct, red papulæ ariſe firſt about the cheeks and chin, or on the arms; and in the courſe of three or four days, the ſame appearance takes place on the neck, body, and lower extremities, accompanied with an unpleaſant ſenſation of tingling, which is ſomewhat aggravated during the night. In about a week the colour of the eruption fades: and the cuticle begins to ſeparate. The whole ſurface is at length covered with ſcurfy exfoliations, which are particularly large, and continue longeſt in the flexures of the joints.* The duration of the complaint is ſeldom in any two caſes alike: ten, fourteen, ſeventeen, or ſometimes twenty days intervene betwixt the eruption, and the renovation of the cuticle.

The febrile ſtate, or rather the ſtate of irritation, at the beginning of this diſorder, is ſeldom conſider-

* See PL. v. fig. 1.

able enough to confine the patient to the houſe: after remaining five or ſix days, it is generally relieved on the appearance of the eruption.

Some difference is obſervable in the form of the papulæ, on different parts of the ſurface of the body. On the face they are large, and rounded, and often form into ſmall, hard tubercles, like vari: they are moſt diſtinct, and acuminated on the neck, breaſt and extremities: on the hands they have leaſt redneſs, and ſometimes reſemble obſcure watery puſtules; but always exfoliate without any diſcharge of fluid.

This, as well as ſome other ſpecies of the Lichen, occurs about the beginning of ſummer, or in autumn; more eſpecially affecting perſons of a weak and irritable habit: hence women are more liable to it than men. I know a delicate lady, ſubject to very frequent returns of pain in the ſtomach and head, who, for ſeveral years paſt, has regularly had an eruption of the Lichen ſimplex, in ſpring and autumn; and enjoys a good ſtate of health for ſome time afterwards.*

The

* A ſimilar caſe is recorded by Hoffman, tom. 4, part 5, p. 411. but under the title of Purpura chronica ſcorbutica.

Honeſta fæmina, tenera ac macilenta L et aliquot annos nata, naturæ ſenſibilioris, animique ad excandeſcentiam proclivis, per octo circiter annos ſemel

The Lichen ſimplex is alſo a frequent ſequel of acute diſeaſes, particularly Fever and Catarrhal inflammation, of which it ſeems to produce a criſis. In theſe caſes the eruption has been termed by medical writers Scabies critica. Many inſtances of it are collected under that title, by Sauvages, Noſol. Method. claſſ. x. ord. 5. Impetigines.

The above account of the Lichen ſimplex is deduced from ſome of the moſt diſtinct caſes of that diſorder, which I have had occaſion to obſerve. It is however proper to notice ſeveral irregularities in it's form and courſe, which frequently take place:

1ſtly. The papulæ, in ſome inſtances, appear, and diſappear repeatedly, without producing any ſcurf.

ſemel vel bis in anno purpurâ corripi ſuevit chronicâ, ita ut nonnumquam per unius vel duorum menſium ſpatium eâdem laboraverit. Enimvero quoties novus imminebat inſultus, per intervalla alia atque alia jungebantur ſymptomata, ut fere ſunt virium imbecillitas, capitis dolor cum aurium tinnitu, anxietas præcordiorum cum ſpirandi difficultate, ſomnus parcus et interruptus, pulſuum cum celeritate juncta debilitas, alternans cum frigore æſtus, et inſignis extremorum pruritus. Quam primum vero materia purpuracea cum aſpredine cutis et papulis ab interioribus ad exteriora erat propulſa, invicem iſta placabantur ſymptomata; quandoque tamen, licet mitius, repetebant. See alſo Act. Nat. Cur. tom. viii. p. 349.

2dly. The eruption is often partial, affecting the arms, neck, or face only.*

3dly. There are, in many caſes, ſucceſſive eruptions and exfoliations of the papulæ, by which the duration of the complaint is prolonged for two or three months.

4thly. The febrile ſymptoms preceding it differ in degree in different caſes: and ſometimes the eruption appears ſuddenly, without any manifeſt diſorder of the conſtitution.

Galen and other Greek writers mention the frequent tranſition of this complaint into the Dry Tetter, or Pſora, which they deſcribe as a ſcaly diſeaſe of the ſkin, having ſome affinity with the Lepra.† I have often obſerved a ſimilar termination of the Lichen ſimplex, and may thence deduce an additional proof, that the diſeaſe, to which I have

* Poupart Traitè de Dartres, p. 234. Quelquefois ce ne ſont que des inegalitès qui paroiſſent de differentes grandeurs ſur la peau, tantôt a un endroit, tantôt a l'autre. Quelquefois ces inegalitès ſont accompagnèes ou produites par de tres-petits boutons rouges, qui blanchiſſent ſouvent en peu de jours, et qui font tomber l'epiderme en petites ecailles blanches.

† Galen de Comp. Med. Sec. Loc. l. v. c. 4. Oribaſ. Synopſ. vii. 99. Paulus Ægin. iv. 3. Actuarii Medicus, lib. ii. cap. 11.

applied

applied this title, is the ſame as that which the ancients deſcribed under it.

This ſpecies of Lichen is often miſtaken for the Meaſles, Scarlatina, or other diſeaſes of the order of Raſhes. By attending to Definitions v. and vi. and to the courſe of the ſymptoms, ſuch errors may be avoided. It is not ſo eaſy to diſtinguiſh Lichen from Scabies: but I ſhall endeavour to ſettle the characteriſtics of each, when I come to treat of the latter diſorder.

The Strophulus intertinctus differs from this affection by the vivid redneſs of it's papulæ, by the intermixture of diffuſe red ſpots among them, and by being peculiar to infants, whereas the Lichen moſtly occurs in adults. The other ſpecies of Strophulus are diſtinguiſhable from it by the colour of the papulæ, and by the mode of their diſtribution.

2. The Lichen agrius is preceded by nauſea, pain in the ſtomach, head-ach, loſs of ſtrength, and deep-ſeated pains in the limbs, with fits of coldneſs and ſhivering: which ſymptoms continue ſeveral days, and are ſometimes relieved by the papulous eruption. The papulæ are diſtributed

in

in cluſters, or often in large patches, chiefly on the arms, the upper part of the breaſt, the neck, face, back, and ſides of the abdomen: they are of a ſtrong red colour; and have a redneſs, or ſome degree of inflammation, diffuſed round them to a conſiderable extent, and attended with itching, heat, and a painful tingling. When the patient becomes warm in bed, the redneſs increaſes; and there is a ſtrong ſenſation of burning and ſmarting, for an hour or more, as if the parts affected had been ſeverely ſcalded. The ſame effect is produced at any time by waſhing, eſpecially if ſoap be uſed; alſo by violent exerciſe; or by drinking wine. In the morning the papulæ ſubſide, the inflammation in a great meaſure diſappears, and no uneaſineſs is felt till after dinner, unleſs excited by the above-mentioned, or other ſimilar cauſes. Some ſmall puſtules, filled with a ſtraw-coloured fluid, are occaſionally intermixed with the papulæ. Theſe ariſe diſperſedly on the arms, about the roots of the hair, on the forehead or temples, and often on the fingers, but are not permanent.

By a long continuance, or by frequent returns of the heat, and redneſs, the cuticle of the parts chiefly affected, is at length altered in its texture, becoming

becoming harſh, thickened, chappy, and exquiſitely painful on being rubbed or handled.

The duration of this complaint, and the modes of it's termination, are equally various. It ſometimes continues four or five weeks without any material change in it's appearance: on other occaſions it terminates, in a ſhort time, with ſlight exfoliations of the cuticle: but in moſt inſtances the eruption appears and diſappears repeatedly before the diſeaſe is removed. It may alſo, by improper applications, be ſuddenly repelled from the ſurface of the body. This accident is conſtantly ſucceeded by a violent diſorder of the conſtitution. I have obſerved, in one or two caſes, where it was produced from imprudent expoſure to cold, that an acute diſeaſe enſued, with great quickneſs of the pulſe, heat, thirſt, pains of the bowels, frequent vomiting, head-ach, and delirium. After theſe ſymptoms had continued ten days, or ſomewhat longer, the patients recovered, though the eruption did not return.

From the diſagreeable ſenſation of itching and tingling, ſo common in the beginning of this diſorder, it often happens that cracks and excoriations are produced on the arms, hands, &c. by rubbing them

them too harſhly; and that much watery fluid is diſcharged. The ſame circumſtances may alſo take place, at a more advanced period, merely from the violent inflammation of the ſkin, without any external injury. In neither caſe can the ulcerated ſurface be readily healed by medicinal applications. It is proper to add, that the Lichen agrius, after repeated attacks, ſometimes terminates in a chronic puſtular diſeaſe, of a very inveterate kind, analogous to the puſtular form of the Impetigo mentioned by Celſus;* and to the Ulcerated Pſora (ψωρα ἑλκωδης †) of the Greeks.

The diffuſe redneſs connecting the papulæ, and the tendency to become puſtular, diſtinguiſh the Lichen agrius from the Lichen ſimplex, and the other varieties of this complaint, in which the inflammation does not extend beyond the baſes of the papulæ; and which terminate in ſcurf or ſcales. (Def. 1, 2.)

According to Galen, "The Lichen is a roughneſs "of the ſkin, attended with much itching." ‡ He has particularly noticed two forms of the diſeaſe;

* De Re Medica, lib. v. cap. 28. §. 17.

† Aët. Tetrabibl. 1. Serm. i. cap. 126.

‡ Definit. Medic.

but

but his deſcription applies rather to the final appearances of it than to the primary eruption.*

Paulus and Oribaſius obſerve that the Lichenes agrii only differ from the ſimple Lichen in their degree of violence, the former not being relieved but rather aggravated by the drying applications uſually employed for the latter.† Aetius has made a diſtinction between the rough Lichenes (Λειχηνες τρηχεις) and the inflamed Lichenes (Λειχηνες φλεγμαινοντες‡). The inflamed ſort agrees with the Lichenes agrii of Paulus and Oribaſius, and with the complaint which I have ſo denominated after them. The ſame diſeaſe is deſcribed by Celſus under the title of Papula;§ Alterum (Papularum genus) eſt, quam

αγριαν

* Διτ͂τον δε ειδος λειχηνος, ὁ μεν ἡμερος ϗ πραότερος· ὁ δε αγριος ϗ χαλεπώτερος. αφιϛανται δε ετι τ͂ων ϗ λεπιδες τ͂ε δερματος, ϗ ὁ ὑπο τ͂ας λεπιδας τοπος ενερυθϛερος, και εγγυς ἡλκωμενε φαινεται.

Iſagoge cap. 13.

† Αγριες δε καλεσι λειχηνας τ͂ες ὑπο των μετ͂ριως ξηραινοντων εδεν ονινα μενες, ὑπο δε των σφοδρως παροξυνοντας.

Paul. Æg. de re Med. l. iv. cap. 3. Oribaſ. ad Eunap. l. iii. c. 57.

‡ Aet. Tetrab. i. Serm. 1. Compare Oribaſ. Med. l. vi. cap. 10.

§ See Leonicen. de Morbo Gallico. Ingraſſias de tum pr. nat. Tr. 1. cap. 1. Amat. Luſit. Cur. 29. Cent. 3. & Sennertus Pract. Med. l. v. 1. 30.

ἀγρίαν Græci appellant; in qua ſimiliter quidem, ſed magis, cutis exaſperatur, exulceraturque, ac vehementius et roditur, et rubet, et interdum etiam pilos remittit. (Hæc) quæ minus rotunda eſt difficilius ſaneſcit: niſi ſublata eſt in impetiginem vertitur.*

The lady, whoſe arm, as affected with the Lichen agrius, is repreſented Pl. v. fig. 2. was about thirty-ſix years of age, having a dark complexion, dark hair, and a coarſe ſkin. During the year 1793, ſhe had often complained of pains in the head and ſtomach, with a ſenſe of depreſſion and faintneſs. Theſe ſymptoms were occaſionally troubleſome to her till the ſpring of 1794, when they were ſuddenly relieved by an appearance of numerous red, tingling papulæ on the arms, and wriſts. A ſimilar eruption appeared about ſix weeks afterward on the upper part of the breaſt, and on the back, extending to the loins. In all theſe ſituations, if any of the papulæ ſubſided,

* Celſ. de Medicinâ, Lib. v. Cap. 28. §. 18.

The firſt ſpecies of Papula deſcribed by Celſus does not properly coincide with the Lichen ſimplex of the Greeks: his looſe and inaccurate deſcription of it will apply equally to the Strophulus volaticus, the Herpetic Ringworm, and the Impetigo figurata.

and

and became ſcurfy, freſh ones preſently appeared: they were always moſt vivid, and tingling at night; in the morning itchy, and leſs inflamed. The redneſs or inflammation round the papulæ was greateſt, and moſt diffuſe in the flexures of the elbows, where the ſkin was alſo interſected with rhagades, or chops, as the plate exhibits. After taking powders compoſed of cinnabar and nitre, with an infuſion of the tops of juniper, for two or three weeks, the eruption wholly diſappeared. It returned, however, on the arms, within a month; and in autumn ſome perſon perſuaded her to undergo a mercurial courſe, which kept her in a ſtate of ſalivation for a conſiderable time. During this proceſs her ſkin was free from the eruption: but as ſoon as the effects of the mercury had ſubſided, her arm was again covered with numerous red papulæ, more painful, and tingling than before. At the beginning of the year 1795, in the ſevere froſt, the eruption aſſumed a puſtular form. The puſtules were ſmall, hard, inflamed, and in many places confluent. The ulcerations ſucceeding them were partially covered with blackiſh ſcabs, but continued to diſcharge a watery fluid for ſeveral months, and did not wholly heal till the end of the year. Since that time ſhe has been much affected with pains of the limbs, head-

ach, languor, and indigeſtion. Theſe complaints are occaſionally removed in conſequence of the appearance of papulæ on the arms, and other parts of the body: but the eruption does not return at any ſtated times, nor is ſo permanent as formerly.

It may be obſerved that women are much more liable than men to the Lichen agrius: and that the complaint uſually affects thoſe who have undergone long continued fatigue, watching and anxiety.

3. LICHEN PILARIS. This is merely a modification of the firſt ſpecies of Lichen; and, like it, often alternates with complaints of the head or ſtomach, in irritable habits. The peculiarity of the eruption is, that the papulæ or aſperities appear only at the roots of the hairs of the ſkin,* being probably occaſioned by an enlargement of their bulbs, or an unuſual fulneſs of the blood-veſſels diſtributed to them. This affection is diſtinguiſhable from the cutis anſerina by its permanency, by its red papulæ, and by the troubleſome itching or tingling which attends it. If a part thus affected be violently rubbed, ſome of the papulæ enlarge to the ſize of wheals, but the

* PL. vi. Fig. 1.

tumour

tumour ſoon ſubſides again. The eruption continues more or leſs vivid for about ten days; and terminates, as uſual, in ſmall exfoliations of the cuticle, one of which ſurrounds the baſe of each hair. This complaint, as likewiſe the Lichen agrius, frequently occurs in perſons accuſtomed to drink largely of ſpirituous liquors undiluted.

For the Lichen ſimplex and Lichen pilaris but little medicinal treatment is neceſſary. It is ſufficient that patients avoid heating themſelves by much exerciſe, or by ſtimulants, and take a light diet, with mild, cooling liquors, and ſome gentle laxatives occaſionally.

The ancients recommend that the parts affected ſhould be rubbed every day with the ſaliva of a perſon faſting,* which contributes to allay the painful ſenſation of tingling. Any ſtrong external applications, are for the moſt part improper. In one or two caſes where this eruption was miſtaken for the itch, I have ſeen diſagreeable ſymptoms produced from repelling it by ſulphureous and mercurial ointments, or by aſtringent lotions.

* Galen de nat. fac. L. 3. Celſ. 5. 28. Aet. Tetr. 1. v. 2. ch. 119. P. Æg. L. 7. See alſo, Mercurial. 2, 17. Sennert. 5, 1, 30. Plater. 3, 17.

The

The Lichen agrius often requires a more active mode of practice. It is uſeful to give at intervals two or three moderate doſes of calomel as a purgative; and afterwards, for ſome weeks, the vitriolic acid, three times a day, in the infuſion of roſes, or with a decoction of peruvian bark. Any ſharp, or ſtimulating application made to the ſkin, when rough, inflamed, and chappy, very much aggravates the complaint, and produces an intolerable ſmarting. A mild, cooling unguent will, however, allay the troubleſome heat, and itching: and for this purpoſe I have found nothing more advantageous than the unguentum roſatum * (Ph. Lond. Vet.) or the roſe pomatum ſold by perfumers.

If the Lichen agrius, through inattention to its firſt appearance, has terminated in obſtinate ſuperficial ulcerations, a different plan becomes requiſite, the particulars of which will be hereafter delivered, under the article of Impetigo.

4. Lichen lividus. The papulæ characteriſing this eruption are of a dark red, or livid hue, and ſome-

* See Quincy's Diſpenſatory.

The beſt roſe pomatum is imported from Paris, and is made with the petals of the white roſe.

what

what more permanent than in the foregoing ſpecies of Lichen. They appear chiefly on the arms, and legs, but ſometimes extend to other parts of the body. They are finally ſucceeded, though at very uncertain periods, by ſlight exfoliations of the cuticle; after which a freſh eruption uſually takes place, and in this manner the complaint is prolonged for ſeveral months. The eruption is not preceded, nor attended by any febrile ſymptoms. It principally affects perſons of a weak conſtitution, who live on a poor diet, and are engaged in laborious occupations. Young perſons, and often children living in confined ſituations, or uſing little exerciſe, are alſo ſubject to the Lichen lividus: and in them the papulæ are generally intermixed with petechiæ (Def. 5.) or larger purple ſpots, reſembling vibices. This circumſtance points out the affinity of the Lichen lividus with the Purpura* or Land-ſcurvy; and the connection is further proved

* Amatus Luſitanus (Cur. Med. 22. Cent. 2.) has given the caſe of an old man affected with an eruption of livid papulæ on the arms, hands and legs, ariſing, in his opinion, from a putreſcent ſtate of the blood. "Senex "Abenaſar, 65 annos natus, boni habitûs, et ſanguineus, quum Maii tempore "veſte pellibus fulcitâ veſtiretur, et coturnis ac ocreis ex ſuberis cortice "paratis calciatus incederet, ſcabioſus ille aeris ac veſtium caliditate, de pedum "nimio calore querebatur, ita ut intra crepidas eos continere non poſſe ſæpe "inculcaret. Huic igitur calore extraneo affecto, et jecur ſupra modum cale-

"factum

proved by the exciting cauſes, which are the ſame in both complaints. The ſame method of treatment is likewiſe ſucceſsful in both caſes. They are preſently cured by nouriſhing food, moderate exerciſe in the open air, along with the uſe of peruvian bark, and vitriolic acid, or the tincture of muriated ſteel.

An eruption ſimilar to the Lichen lividus often occurs as one of the ſecondary appearances of the Lues Venerea, and requires a diſtinct conſideration. It may be diſtinguiſhed from the ſcorbutic form of the Lichen lividus by the following particulars. 1. The papulæ are ſmaller, more numerous, and more generally diffuſed over the ſurface of the body. 2. When the eruption has continued for ſome time the tops of the

" factum habenti, repentè papulæ quædam nigerrimæ manus precipuè, et " brachialia, ac pedum aſtragulum inficientes ſupervenere, quæ naturâ ſuâ " pruriebant, et carnem corrodebant, utpotè ex ſanguine ſuperaſſato et atrabi- " liario reddito ortum trahentes; cui malo occurrens, depoſitis per balanum " fæcibus, ſanguinis uncias ſex è dextrâ baſilicâ fluere fecimus, qui in totum " ater, ac putredine affectus erat; quâ de causâ veſperi ex ſiniſtro brachio " ſanguinis extractio ad uncias octo repetita fuit: ſed ad jecoris, et membro- " rum interiorum rectificationem ſyrupum indies bibebat. Cæterum papulas " quia ex excedentium erant genere, ſcarificari fecimus, ex quibus ſanguis " ater effluxit, quas tunc aquâ marinâ lavari fecimus; nam in herpetas deve- " nire timor erat. Sed poſteâ ichores citrini cum quâdam nigritie inde exi- " bant; quare linimentum admovere fecimus, quo papulæ prædictæ exſiccatæ " fuerunt; et ipſe leni pharmaco epoto, intra paucos dies bene habuit."

papulæ

papulæ are flattened and often depreſſed. 3. The Siphylitic Lichen ſeldom becomes ſcurfy, neither does it, like the other ſpecies, ever diſappear ſpontaneouſly, nor by any change in the patient's diet, but has a termination peculiar to itſelf: the papulæ, in ſeveral cluſters, aſſume a puſtular form, and ſuppurate, being at length ſucceeded by conſiderable ulcerations, which can only be healed by a proper mercurial courſe. 4. This complaint is uſually attended with an eruption, on the face, of irregular pimples, which are, at firſt, ſmall, pale and ſhining, but which afterwards enlarge, becoming reddiſh, and often confluent.

5. LICHEN TROPICUS. By this term I mean to expreſs the PRICKLY HEAT, a papulous eruption almoſt univerſally affecting Europeans ſettled in tropical climates. I have been favoured with the following accurate account of it by Dr. T. M. Winterbottom, formerly phyſician to the colony at Free Town, Sierra Leone. "The Prickly Heat appears without any preceding diſorder of the conſtitution. It conſiſts of numerous papulæ, about the ſize of a ſmall pin's head, and elevated ſo as to produce a conſiderable roughneſs of the ſkin. The papulæ are of a vivid red colour, and often exhibit an irregular form, two or three of them being in many places united together: but no redneſs or inflammation extends to the ſkin in the interſtices of the papulæ.

* PL. vi. Fig. 1.

" The eruption is diffuſed over thoſe parts of the " body which are uſually covered, as the neck, breaſt, " arms, legs, and inſide of the thighs. It does not " appear on the face, excepting on the upper part " of the forehead contiguous to the hair; neither is " it ever found in the palms of the hands, ſoles of the " feet, nor on the hairy ſcalp. The number of the " papulæ is much increaſed by wearing flannel, or " clothes too warm and thick for the climate. When " perſpiration is very copious, ſmall pearly puſtules, " containing a limpid humour, are often intermixed " with the Prickly Heat, more eſpecially on the breaſt, " and about the wriſts: but they terminate in ſcales, " having no diſpoſition to ulcerate, though violently " ſcratched.

" A troubleſome itching attends the Prickly Heat, " and prevents ſleep during the night. There is like- " wiſe a frequent ſenſation of pricking, as if a number " of pins was piercing the ſkin. This often takes " place ſuddenly, after drinking a diſh of tea or any " warm liquor, ſo as to cauſe the perſon affected to " ſtart from his ſeat.

" The eruption is in general ſtationary, and appears " equally vivid in the day, and in the night. It does " not leave one part, and ariſe on another, unleſs the

" former

" former be much expoſed to cold, and the latter be " heated by additional clothing, or by friction. An " increaſe of heat indeed, in all caſes, produces a " greater number of papulæ. They ſometimes diſ- " appear on a ſudden, and return again as ſuddenly, " without any obvious cauſe: but whenever the erup- " tion continues for a length of time, the papulæ " throw off minute ſcales, and are ſucceeded by a " freſh crop, no veſtiges being left in the ſkin.

" Perſons of a fair complexion, with red hair and a " ſoft ſkin, are moſt liable to this eruption, and have " the greateſt quantity of it. Thoſe who are of a " dark complexion, either remain wholly free from " the eruption, or are affected with it very ſlightly.

" As ſoon as ſettlers are habituated to the climate, " this complaint becomes leſs frequent, and trouble- " ſome; and at length entirely diſappears.

" The Prickly Heat is, in general, conſidered as a " ſalutary eruption, whence we are cautioned not to " repel it from the ſkin by cold, or other external " applications. Such a repulſion cannot, however, be " eaſily effected: it is certainly not produced by bath- " ing, which has been hitherto thought highly preju- " dicial. A vivid eruption of the Prickly Heat is a

" proof that the perſon affected with it is in a good " ſtate of health, although it's abſence does not always " indicate the contrary. The ſudden diſappearance " of it, which frequently happens, is rather an effect " than a cauſe of internal diſorder, as of fever or any " ſlight complaint of the ſtomach: in the latter caſe, " a temporary ſtimulus applied to the ſtomach, as by " ſpirits, tea, or other warm liquids, has the power " of reſtoring the eruption. It's appearance on the " ſkin of perſons in a ſtate of convaleſcence from " fevers, &c. is always a favourable ſign, indicating " the return of health and vigour.

" Various means have been employed to alleviate " the itching, and tingling of the Prickly Heat: the " favourite remedy at Sierra Leone is the juice of limes " rubbed on the ſkin, which, however, has no conſi- " derable effect. I have found it of moſt advantage " to uſe a light, cool dreſs, and to avoid the drinking " of warm liquors.

" The black natives are ſubject to this eruption, " though in a leſs degree than Europeans. In them, " the ſmall papulæ are of a dull white colour, and " therefore leſs ſtriking to the eye, than diſtinguiſha- " ble by the touch from the roughneſs they produce " in the ſkin."

Bontius,

Bontius, in his treatiſe De Medicina Indorum, cap. 18. has noticed this complaint.

" Quas Latinus Hippocrates Cornelius Celſus papulas, " Plinius ſudamina vocat, noſtrates Belgæ Rootvont, hic " ita crebra ſunt, ut ego adhuc hiſce in locis neminem " noverim qui moleſtias has effugerit, non magis, quam " morſus culicum, quos Luſitani Moſquitas vocant. " Sunt autem hæ papulæ rubentes, ac aſperæ aliquan- " tum, per ſudorem in cutem ejectæ; plerumque a " capite ad calcem uſque, cum ſummo pruritu, ac " aſſiduo ſcalpendi deſiderio erumpentes. Hæc exan- " themata magis afficiunt recens advenientes, ut et " moſquitarum puncturæ, quam eos qui aliquamdiu " hic morati ſunt: ita ut deridiculi ergo hic inter " noſtrates dicterium enatum ſit, eum qui hoc modo " affectus ſit, eſſe Orang-Barou, quod novitium ho- " minem ſignificat, et propterea culices, ac papulas ſibi " tributum, e lacte, e butyro, quod eum devoraverint, " petere: nam qui hic diutius hæſerunt, ſe Orang " Lamme, id eſt, veteranos glorioſe nominant. Hæc " porro moleſtia, cum a natura expellente fiat, inter " affectus cutaneos tantum recenſenda venit: ſed ta- " men temere habita, ut et culicum morſus, unguibus " ſcilicet cute aperta, ulcera ſæpe cacoethea ac maligna " oriuntur, difficilia ſane ſanatu:

" Sic neglecta ſolent incendia ſumere vires.

" Ut

"Ut itaque pruritui iſti moleſtiſſimo occurramus, "acetum cum aqua miſceri jubeo, addito nitro, ſeu "ſale prunellæ, eoque corpus linteolo immerſo tingi: "vel ſi acrius deſideres, addendus limonum ſuccus "recenter expreſſus. Quæ quamvis primo acrem "dolorem inferant, tamen is cito evaneſcit, et multo "magis tolerabilis eſt, quam pruritus iſte inſignis. "Hoc denique medicos et chirurgos obiter monitos "volo, ne in his papulis purgationes, quantumvis "leves, inſtituant, ne materia acris, ac bilioſa, ad "inteſtina delata dyſenteriam creet: ſed vel potius "naturæ hæc ſananda relinquant; vel ſudorificis ex- "cretionem hanc adjuvent: nam ego per incuriam, ac "imprudentiam quorundam, hæc infortunia evenire "non ſemel vidi."

Dr. Hillary deſcribes the Prickly Heat, in Barbadoes, as uſually intermixed with an eruption of a different kind. "The Europeans, and North Americans from "the colder parts of it, and eſpecially the Britons, "when they firſt come to this or the other Weſt India "iſlands, are, by the great increaſed heat of the cli- "mate, uſually not long after their arrival there, "ſeized with either a fever, or with a ſort of efflo- "reſcences, which moſt commonly firſt appear on the "legs, in pretty large, hard lumps, of a reddiſh co- "lour, which are ſometimes as large, or larger than "a ſhil-

" a ſhilling, but of an irregular figure, and itch vio-
" lently, eſpecially towards night, if they are either
" rubbed or ſcratched; and from doing which it is
" difficult to refrain, though doing either much in-
" creaſes both the itching, and their ſwelling, and often
" either rubs the cuticle off, or cauſes little bliſters to
" riſe, and a ſaltiſh yellow ſerum to ooze out, which
" makes them ſmart; after which a ſcurf or ſcab en-
" ſues, which after a few days falls off. Theſe lumps
" commonly riſe on the hands, arms, legs, thighs, neck,
" and face; and uſually continue three, four, or five
" days, then turn to a yellowiſh colour, and ſoon after
" diſappear; but are ſoon ſucceeded by others in or
" near to the ſame places, and ſo continue ſucceſſively
" for ſeveral weeks or months, in moſt ſtrangers who
" come into this hot climate.

" Theſe exanthematous eruptions are vulgarly, but
" erroneouſly aſcribed to the ſtinging, or biting of
" muſquitoes. It is certain that theſe inſects do bite,
" and that little lumps or ſwellings will riſe where
" they bite, but theſe are neither ſo large, nor do they
" uſually continue ſo many hours, as the other lumps
" do days: theſe being only the bite of a ſmall inſect,
" which is not more offenſive than the bite of the
" midge in England; whereas the others are effloreſ-

" cences

" cences caſt out by nature, or the vis vitæ, and pro-
" ceed from the great increaſed heat of the climate.

" Whilſt theſe effloreſcences continue, there are alſo
" other but ſmaller eruptive puſtulæ or little red pim-
" ples, which ariſe from the ſame cauſe, and often come
" out all over the reſt of the body, called ἰδρωα by the
" Greeks, eſſera by the Arabians, ſudamina by the Ro-
" mans, and the Prickly Heat by the Engliſh, which
" cauſe great itching, and pricking, as if with ſmall
" needles: this uſually continues ſeveral weeks, and in
" ſome perſons for months, and then declines, cauſing
" the cuticle to fall gradually off in ſmall white ſcales.
" This Prickly Heat ſeizes moſt of the inhabitants,
" both natives and ſtrangers, either in a greater or leſſer
" degree every year, during the hot ſummer months.
" It ſeldom cauſes any ſickneſs, or diſorder, except
" the troubleſome itching and pricking; but every one
" goes about his buſineſs with it, as if he were well,
" unleſs it be imprudently repelled, and ſtruck ſud-
" denly in, either by rubbing it with lime-juice, vine-
" gar, camphorated ſpirit, or by waſhing the body
" with cold water, which ſome are ſo imprudent as
" to uſe, to take that troubleſome itching and
" pricking heat off, whereby they have repelled thoſe
" acrid ſaline humours into the blood again, when
" kind nature had thus caſt them out; and ſo have
" produced

"produced a fever, which has ſometimes been at-
"tended with bad conſequences. For going into a
"cold bath, or the ſea, is not ſo bad, or dangerous in
"this caſe, as waſhing the body with cold water is:
"for though the humour may be repelled whilſt they
"are in the cold bath, yet the glowing heat which
"uſually follows it, ſtrikes it more effectually out
"again after, which waſhing with cold water does
"not. The beſt method is to live temperately, uſe
"moderate exerciſe, and encourage the eruption by
"taking ſmall warm liquids and nouriſhments, as gruel,
"tea, coffee, wine-whey, broth, and plain meats; and
"to avoid ſuddenly expoſing themſelves when warm
"to a current of cold air, night dews, and damp wet
"places, and the too freely drinking ſpirituous
"liquors, as they increaſe this as well as inflammatory
"diſeaſes."*

According to Dr. Clark, "the Prickly Heat con-
"ſiſts of numerous pimples, or red ſpots, breaking
"out on various parts of the body, and occaſioning
"an intolerable itching. Interſperſed with this
"eruption, eſpecially upon the hands, ſmall emi-
"nences, white tubercles, or wheals, frequently
"appear, reſembling the ſting of nettles, which

* On the Air and Diſeaſes of Barbadoes, p. 3. Introd.

" greatly add to the itching, and are increaſed by " ſcratching. The Prickly Heat is not attended with " any febrile commotion. When ſevere, it is miti- " gated by a cool and ſpare diet, and gentle laxatives. " But whilſt it continues out, no inconvenience " ariſes, except the itching; and after a few weeks " it either diſappears, or ceaſes to give much trouble. " The retroceſſion of this eruption is always attended " with head-ach, laſſitude, and often by a feveriſh " ſtate.*"

Dr. Moſely † obſerves, that " the ſmall red pim- " ples of the Prickly Heat are moſt numerous on " parts which are kept hotteſt by the clothes, or " where there is the greateſt irritation and friction. " It cauſes ſuch an intolerable itching, or heat and " pricking in the ſkin, that human reſolution can- " not refrain from ſcratching until the ſkin be " ſometimes excoriated. Many people have it more " or leſs during the hotteſt months. It generally " goes off in a few weeks, leaving the cuticle " ſcurfy, which falls off in ſmall white ſcales. " Sometimes it continues very obſtinate; and where " people live heated by intemperance, or have any

* Obſervations on the Diſeaſes of Seamen in long Voyages, vol. 1. p. 34.

† On the Diſeaſes of Tropical Climates, p. 20.

" ſerpigi-

"ſerpiginous humour in their habit, it fixes on the "ſurface of the body in troubleſome ringworms."*

A vivid eruption of papulæ ſomewhat analogous to the Prickly Heat, appears, in our own climate, on the arms, hands, face, and neck of labourers, and other perſons who uſe violent exerciſe during the hot months of the ſummer. It produces a ſenſation of tingling and ſmarting, more than of itching; and diſappears in a ſhort time, without any particular conſequences. The Summer Raſh, or Prickly Heat mentioned by Dr. Cleghorn, as frequently occurring in the iſland of Minorca, ſeems to be nearly of the ſame kind.† It's ſymptoms, according to his account, are by no means ſo violent and diſtreſſing as thoſe of the Lichen tropicus.

"The cutaneous eruption which we call the Raſh, "or Prickly Heat, is the Sudamina or Papulæ Sudoris "of the Romans, and the ἱδρωα of Hippocrates, who "juſtly places it among the ſummer diſeaſes; it

* The ſame obſervation is made by Towne, Of the Diſeaſes of the Weſt Indies, p. 177.

† On the Diſeaſes of Minorca, ch. 4. Compare Ingraſſia's account of the Bruſſoli, or Migliarino at Naples, De Tum. Præt. Nat. Tr. 1. Cap. 1.

"being ſo frequent in warm countries, that few "people eſcape having more or leſs of it during "the hot weather; though children are more affected "by it than others. It conſiſts of numerous minute "pimples, or rather ſmall, round, red ſpots, juſt "perceivable by the touch, as a kind of roughneſs "on the ſkin, which break out in different parts of "the body, eſpecially after exerciſe, or drinking cold "water.

"This eruption is commonly looked upon as a "ſign of health; and indeed while it continues "freſh on the ſkin no inconveniency ariſes from "it, except a frequent itching: but if accidentally "the pimples are driven in by catching cold, "bathing in the ſea, or any errors in the non-"naturals, the caſe too often becomes dangerous. "And I have conſtantly obſerved that thoſe who had "a great deal of this eruption in the ſummer, were "ſubject either to fluxes, hæmorrhages from the noſe, "or fevers, upon the alteration of the weather about "the autumnal equinox. Wherefore I commonly "adviſed them, as ſoon as the ſlighteſt ſigns of a "retroceſſion appeared, ſuch as ſickneſs, head-ach, "and præternatural heat, to loſe ſome blood immedi-"ately, and make uſe of mild carthartics, vegetable "food, and cool aceſent liquors: by which means

"the

" the bad conſequences above-mentioned, if I am not
" greatly deceived, have been frequently prevented,
" notwithſtanding the vulgar prejudices againſt evacu-
" ations in this and other ſimilar caſes."

The term Hidroa is uſually applied by the Greek phyſicians to an eruption of miliary puſtules.* They may on ſome occaſions employ it to expreſs the Summer Raſh, or Prickly Heat deſcribed by Dr. Cleghorn; but I think the more appropriate terms uſed by them are Lichen, Eczema, or Eczeſma.†

Among the Arabian writers Eſſera is a generic denomination, comprizing beſides the Prickly Heat, the Prurigo, the Nettle Raſh, and ſome other eruptions on the ſkin. According to Haly Abbas,‡ " Sere autem
" ſunt papulæ (bothor) aliæ parvæ, aliæ magnæ, ex-
" tenſæ, et lati capitis, quæ cum prurigine incipiunt
" magna, et quum ſcalpuntur, humiditas ab eis exit
" rubiginoſa. Fiunt autem hæ primo, a ſanguine
" cholerico, et eſt color earum rubeus; tumultuantque
" magis diei tempore; et fit patienti ſimul calor et
" æſtus, fitque illi pulſus magnus in eis et velox.

* Hippoc. Aphor. 21. lib. 3. & Galen. Comment.

† See Act. Tetrab. 4. 1. 128.

‡ Theorice, lib. 8. Compare Alſaharav. Pract. Tr. 31. cap. 8.

" Secundo

" Secundo autem, ex humiditatis phlegmaticæ et ſalſæ
" cum ſanguine tenui admiſtione, et eſt harum color
" albidus; et hæ magis noctu tumultuant. Nonnun-
" quam autem ex harum trium fiunt adunatione cau-
" ſarum, nec eſt multum earum color rubeus."

Before I conclude the preſent genus it may not be amiſs to obſerve, that there has been ſome difference of opinion reſpecting the application of the term Lichen to diſeaſes of the human body. However, the reſemblance of the eruptions on the ſkin, above deſcribed, to ſome of the ſpotty, tuberculated Lichens which grow upon ſtones, ſhrubs, or the bark of trees, is ſo ſtriking, that the application of the ſame term to expreſs both thoſe appearances may ſeem obvious, and natural. On this point Gorræus (Defin. Med. p. 361.) obſerves, " Videntur autem Lichenes appellari, non
" quod linctura ſalivæ humanæ curentur, ut quidam
" opinati ſunt, cum tamen res ſe non ita niſi in admo-
" dum levibus habeat; ſed απο τε λειχω, id eſt, lambo,
" ut inquiunt grammatici, quod ſcilicet lambendo ſer-
" pant, ſicut etiam in petris Lichen herba ſolet."

ORDER

ORDER I.

III. PRURIGO.

THE ſymptom of itching is common, in a greater or leſs degree, to moſt diſeaſes of the ſkin: but there are ſome caſes in which it occurs as the leading circumſtance, and is at the ſame time accompanied with an eruption of papulæ, the colour of which ſcarcely exceeds that of the adjoining cuticle, and with other appearances ſufficiently particular to conſtitute a diſtinct and independent genus of diſeaſe.* To this therefore I ſhall apply the denomination of Prurigo, a term already employed, in the ſame ſenſe, by medical writers.†

* Etſi pruritus cum aliis affectibus pluribus conjungatur, ut ſcabie, impetigine, leprâ, & ſimilibus, eorumque ablatione & ipſe tollatur: aliquando tamen ſolus homines vexat, & adeo moleſtus eſt ut etiam medici auxilium implorare cogat. Sennertus Practicæ Medicinæ, lib. 5. p. 3. ſect. 1. cap. 8. Compare Vid. Vidii Chirurg. l. 6. cap. 9.

† See Plin. Nat. Hiſt. lib. 20. cap. 17. lib. 23. cap. 1. & lib. 27. cap. 4. where a diſtinction is made between the Prurigo, Scabies, and Pſora. The authority of Pliny, in this reſpect, is followed by Ingraſſias, Mercurialis, Hafenreffer, and others.

This

This diſeaſe, from it's ſuppoſed affinities, has been ranked with Scabies, Lepra, or Impetigo:* Not being, however, characterized, during it's firſt ſtages, by an eruption of puſtules,† nor by ſcaly cruſts,‡ it muſt be ſeparated from the above affections, in an arrangement made according to external appearances. The primary ſtate of Prurigo requires it to be claſſed among the papulous diſeaſes of the ſkin. In this order it is ſomewhat analogous to the Lichenes, but differs from them in the appearance of it's papulæ, and in the concomitant ſymptoms.

The Prurigo, as it ariſes from different cauſes, or at different periods of life, exhibits ſome varieties in it's form, which may be deſcribed under the titles of

* See Plater. De Super. Corp. Dolore, pag. 674. Manard. Ep. Med. 7. Fernel. De externis corp. affectibus, lib. 7. cap. 4. Lommii Obſ. Med. lib. 2.

† Scabies differt a pruritu in hoc, quod cum pruritu non ſunt bothor (puſtulæ) ſicut in ſcabie. Avicen. lib. 4. Fem. 7. Tract. 3. cap. 6.

‡ Oportet ante alia adnotare, quòd omnes illi affectus, quibus jungitur pruritus, differentes ſunt ab hoc Pruritu; quia in illis vel tumor, vel exulceratio, vel excoriatio aliqua apparet, in Pruritu nihil horum. Videntur carnes parum mutatæ, aſperiores quidem aliquo pacto, ſed ſine tumore inſigni, exulceratione aut excoriatione. Præterea in aliis affectibus qui junctum habent pruritum, a cute ſemper emanat aliqua ſanies: in Pruritu nihil emanat, niſi, ut ait Avicenna, quædam corpora furfuracea, atque neque hæc emanant niſi cutis unguibus dilanietur. Mercurialis, de Morb. Cutis, lib. 2. cap. 3.

Prurigo

Prurigo mitis, Prurigo formicans, and Prurigo ſenilis. In theſe the whole ſurface of the ſkin is uſually affected: but there are likewiſe many caſes of local * Prurigo, which will be afterwards noticed according to their reſpective ſituations.

1. The PRURIGO MITIS originates without any previous indiſpoſition, generally in ſpring, or the beginning of ſummer. It is characterized by ſoft and ſmooth elevations of the cuticle, ſomewhat larger than the papulæ of the Lichen, from which they alſo differ by retaining the uſual colour of the ſkin; for they ſeldom appear red, or much inflamed, except from violent friction. They are not, as in the other caſe, accompanied with tingling, but with a ſenſe of itching almoſt inceſſant: this is however felt more particularly on undreſſing, and often prevents reſt for ſome hours after getting into bed. When the tops of the papulæ are removed by rubbing or ſcratching, a clear fluid † oozes out from them, and gradually concretes

* Pruritus (Græcis κνησμος) eſt triſtis ſenſatio, deſiderium ſcalpendi excitans, ſine cutis aſperitate, vel exulceratione. Occupat autem quandoque univerſum corpus, quandoque certam aliquam partem.

Hafenreffer de Cutis affectibus, l. 1. cap. 14.

† Actuar. Meth. Med. lib. 2. cap. 11.

into thin, black ſcabs.* Notwithſtanding this change, the itching does not abate: and by the conſtant friction which it demands, inflamed puſtules, reſembling Phlyzacia (Def. x.) are ſometimes produced. Theſe puſtules, when they appear early in the complaint, muſt be conſidered as incidental, and not as proper to the diſeaſe.

This ſpecies of Prurigo moſtly affects young perſons; and it's cauſe may, I think, in general be referred to ſordes collected on the ſkin, producing ſome degree of irritation, and alſo preventing the free diſcharge of the cutaneous exhalation;† the bad conſequences of which muſt neceſſarily be felt at that ſeaſon of the year when perſpiration is moſt copious. Thoſe who have originally a delicate or irritable ſkin, muſt likewiſe, in the ſame circumſtances, be the greateſt ſufferers.

The eruption extends to the arms, breaſt, back, and thighs; and often continues during two or three months of the ſummer, if not relieved by proper

* The ſmall, dark-coloured ſcabs are ſhewn, intermixed with the papulæ, Pl. vii. Fig. 1.

† See Galen de Sympt. cauſis, lib. 2. cap. 6. and Actuar. l. 2. cap. 23. Meth. Med.

treatment.

treatment. When perſons affected with it neglect waſhing the ſkin, or are uncleanly in their apparel, the eruption grows more inveterate; and at length changing it's form, often terminates in the itch.* Puſtules ariſe among the papulæ, ſome filled with lymph, others with pus: The Acarus Scabiei begins to breed in the furrows of the cuticle; and the diſorder becomes contagious.

The mode of cure in the firſt ſtage of this ſpecies of Prurigo is very ſimple: it is only requiſite to employ frequent bathing, or waſhing with tepid water, which muſt be perſiſted in regularly, even though ſome aggravation of the ſymptoms, at firſt, ariſe from it.† By it's continuance, the ſkin is cleanſed and ſoftened, perſpiration becomes free and copious; the eruption and itching gradually diſappear.

* Pruritus, ſi inveteraſcet, rarum eſt quin in ſcabiem tandem degeneret. Mercurialis, de Morb. cut. lib. 2. cap. 3.

Pruritus plerumque ſcabiei futuræ prodromus eſt. Sennert. Medicin. Pract. 5. 3. 18.

Compare Actuar. Med. lib. 1. cap. 123. Euſtach. Rud. de Symptomat. Extern. lib. 1. cap. 6.

† Alſaharav. Pract. Tr. 31. cap. 5.

If the complaint, through neglect of cleanlineſs, has loſt it's original characteriſtics, and aſſumed the puſtular form, other external applications, and the treatment proper for the itch, will then be found neceſſary.

2. The PRURIGO FORMICANS, is a much more obſtinate and troubleſome diſeaſe than the foregoing. It uſually affects perſons of adult age; commencing at all ſeaſons of the year indifferently: and it's duration is from four months to two or three years, with occaſional ſhort intermiſſions. The papulæ are ſometimes larger, ſometimes more obſcure than in the preceding ſpecies; but are, under every form, attended with an inceſſant and almoſt intolerable itching. They are diffuſed over the whole body, except the face, feet, and palms of the hands; they appear, however, in greateſt number on thoſe parts which, from the ordinary mode of dreſs, are ſubjected to tight ligatures, as about the neck, loins, and thighs.

The itching is complicated with other ſenſations, which are variouſly deſcribed by patients. They ſometimes feel as if ſmall inſects were creeping on the ſkin; ſometimes as if ſtung all over by ants; ſometimes as if hot needles were piercing the ſkin

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in divers places.* On ſtanding before a fire, on undreſſing, and more particularly on getting into bed, theſe ſenſations become moſt violent; and uſually preclude all reſt during the greater part of the night. When any part of the ſkin is ſtrongly rubbed, it becomes red; and large tubercles or wheals are excited, which however ſubſide as ſoon as the irritation ceaſes. The cuticle being abraded by the repeated application of the nails to allay the troubleſome ſenſation of itching, the ſurface of the body is every where ſpotted with ſmall thin ſcabs, as repreſented Pl. vii. Fig. 2. This is in many caſes the only appearance which the diſeaſe exhibits to the eye, the papulæ being nearly of the ſame colour with the ſkin, and often indiſtinct from their minuteneſs.

Where the papulæ are of the larger ſize above mentioned, their eruption is preceded by head-ach, ſickneſs, and pains of the ſtomach; and if they be ſuddenly repelled from the ſurface, the ſame ſymp-

* Signum Pruritus ex humore cholerico acuto eſt fortis corroſio, cum mordicatione, et uſtione et ſciſſurâ: et quando concordant regimen, cibaria fortia & acuta, complexio, ætas, et tempus, erunt ſigna fortiora.

Serapion, Pract. Tr. 5. l. 6. Alſaharav. Tract. 31. cap. 5.

See a caſe of this complaint, Hoffman, tom. 4. part 5. pag. 413.

toms

toms return in a violent degree. In other caſes, the affection of the ſkin is not ſo obviouſly connected with a diſorder of the ſtomach: nevertheleſs it may in general be ſaid, that this ſpecies of Prurigo is attended with a ſtate of ill health in the conſtitution; for thoſe perſons are moſt liable to ſuffer frequently from it, who are of a ſallow complexion, who are weak and ſomewhat emaciated, or who labour under obſtructions of the viſcera. The ſame concluſion may be deduced from the nature of the cauſes, which uſually precede the diſeaſe: theſe, I have often had occaſion to obſerve, are grief, watching, fatigue, and a poor diet. However, as all perſons are not equally affected in the ſame circumſtances, ſomething muſt neceſſarily be referred to the original texture of the ſkin, or ſtate of the cutaneous glands. With reſpect to this prediſpoſition, I have been only able to remark that, the greater number of patients had a more than uſual coarſeneſs or roughneſs of the ſkin, which ſeemed often to have been communicated hereditarily: and that when the itching and papulæ diſappear at the termination of the diſeaſe, the cuticle is

* Multoties quidem corruptio digeſtionis facit accidere Pruritum.
Avicenna, vol. 1. p. 725. 6. See vol. 2. p. 250.

The univerſal itching of the ſkin, which takes place in the jaundice, is frequently attended with an eruption of yellowiſh papulæ, and with the ſenſations peculiar to the Prurigo formicans.

left

left dry, ſcaly and thickened. This obſervation is alſo made by Galen, De Loc. affect. l. 2. c. 7.

To the occaſional cauſes above recited, I may add the want of proper cleanlineſs, to which the appearance of this diſorder in the lower claſs of people is often referable. Certain modes of diet * have likewiſe a conſiderable effect in aggravating or exciting the Prurigo formicans. Many perſons are affected with it, who in the ſummer ſeaſon live much upon fiſh, and other ſtimulant animal food, at the ſame time drinking freely of wine or ſpirituous liquors. Some of the white Spaniſh wines excite, in particular habits, an eruption of itching † papulæ, which is exceſſively troubleſome for many hours afterwards, but does

* Galen obſerves "that a general itching of the ſkin (Cneſmos) is excited "by certain ſubſtances applied externally, as nettles, ſquill, brine, &c. but that "it alſo frequently ariſes from cauſes within the body; ſince thoſe are par- "ticularly liable to it, who live on food of a bad quality, who labour under "indigeſtion from overcharging the ſtomach, and who neglect cleanlineſs." De Symp. Cauſ. 2. 6. See Haly Abbas, l. 8. cap. 17.

Dulcia generant Pruritum. Avicen. 4, 7, 3, 6. & Conſtantin. African. lib. 7. cap. 26.

† Lorry de Morb. Cut. pa. 27. Introductio.

Sæpe vinum meracius hauſtum ſubito colores faciei afflat, et pruritus in partibus diffitis protinus concitare viſum eſt; immò et dolores ad articulos, qui ad cutem non referuntur quidem, ſed cum illâ intimiùs connectuntur.

not

not become permanent, if the beverage be diſcontinued. I have ſeen the ſame effect produced by wine made of the Muſcadine raiſins: a few glaſſes of it has occaſioned an univerſal itching of the ſkin, and precluded reſt for twenty-four hours, or upwards.

The Prurigo formicans is by moſt practitioners deemed contagious, and confounded with the itch: in endeavouring to aſcertain the juſtneſs of this opinion I have been led to make the following remarks: 1ſt. The eruption is, for the moſt part, connected with internal diſorder; and ariſes where no ſource of infection can be traced. 2dly, Perſons affected may have conſtant intercourſe with ſeveral others, and yet never communicate the diſeaſe to any of them. 3dly, Several perſons of one family may have the Prurigo formicans about the ſame time: but I think this ſhould be referred rather to a common prediſpoſition than to contagion; having obſerved that individuals of a family are often ſo affected at certain ſeaſons of the year, even when they reſide at a diſtance from each other.

Although the Prurigo formicans is never, like the former ſpecies, converted into the itch; yet it does occaſionally e rminate in a puſtular diſeaſe, not contagious,

tagious, and conſtituting one of the ſpecies of Impetigo, which will be deſcribed hereafter.

It is extremely difficult to relieve the Prurigo formicans, either by internal or external remedies. Where it appears to be connected with a ſtate of general debility, or ſome diſorder of the abdominal viſcera, theſe circumſtances require a prior conſideration, and ſhould be removed by proper diet, exerciſe, or medicines adapted to the nature of the caſe. If the affection of the ſkin ſtill continue after the patient's ſtrength and appetite have been re-eſtabliſhed, which is not unuſual, it becomes neceſſary to do ſomething further for his relief. In this attempt I have experienced many diſappointments, from the inefficacy of medicines recommended on the beſt authority. Antimonials and preparations of mercury, given ſeparately, or combined, produced no beneficial effect: the former indeed very generally aggravated the complaint. Neutral ſalts and other remedies adminiſtered as diaphoretics, were attended with as little ſucceſs. The diet-drinks uſually employed in cutaneous diſeaſes contributed to allay the troubleſome ſenſation of itching: but, as little difference was perceptible in their reſpective effects, perhaps more may be attributed to the watery vehicle than to the virtues of the impregnating ingredients. Vitriolic acid, ſulphur, æthiops

mineral, and cinnabar, I tried in a variety of caſes, for a conſiderable length of time, without obſerving any permanent advantage from them.

Fixed alkali ſeemed to anſwer better than any of the above remedies: I employed the natron preparatum of the London Diſpenſatory, ſometimes alone, ſometimes in combination with ſulphur: at the ſame time, an infuſion of ſaſſafras or the tops of juniper was drunk freely. Under this courſe the diſagreeable ſymptoms were gradually alleviated, and the complaint diſappeared in a month or ſix weeks. The Oleum Tartari per deliquium, with a ſmall proportion of the tincture of opium added to it, was equally efficacious.

Moſt of the writers* on this ſubject, recommend ſtrong purgatives, along with alterative medicines, in order to expel from the blood and cutaneous glands the vitiated humours, from which, as they ſuppoſe, the complaint originates. Their theory is probably erroneous: and the practice founded upon it, though very ancient, will not bear the teſt of experience. I have, in general, found that purgatives frequently

* See Mercurialis de Morb. Cutis, lib. 2. cap. 3. Sennert. Pract. Med. lib. 5. cap. 3. Hafenreffer de Cut. Affectib. lib. 1. cap. 4.

repeated

repeated are injurious; as might indeed be expected from a previous conſideration of the occaſional cauſes inducing this complaint.

With regard to external applications, it may be obſerved that mercurial and ſulphureous ointments proved of little ſervice: that decoctions of white hellebore, ſo much commended by the ancients,* were without effect; as alſo limewater, or ſolutions of white vitriol, and corroſive ſublimate. It is neceſſary to keep the ſkin free from ſordes, by frequent waſhing with warm water.† The itching, however,

* Their practice in this diſeaſe was confined wholly to external waſhes, liniments, and unguents. The former were prepared with a variety of emollient, and aromatic herbs: the latter conſiſted of ſulphur, nitre, ſandarach, cimolia, or burnt ſnails' ſhells, frankincenſe, ſtaves acre, dock, hellebore, and powder of beans and lupines, mixed in different proportions with oil, honey, brine, or vinegar. Avicenna mentions ſome other applications of a different nature: Pellis recens ovis eſt conveniens Scabiei et Pruritui. Tom. 1. p. 373. Urina hominis abſtergit Pruritum. Tom. 1. p. 330. Ed. Venet. Myrrhâ ex muliebri lacte cutem oblinito. Ibid. Fiat inunctio cum oleis frigidis appoſito ſucco opii. T. 2. p. 251. De Medicamentis levibus hoc eſt, Papaver tritus cum aceto: et aloe cum aqua endiviæ. Et de medicinis fortibus eſt ceratum in quo ponitur opium; quo cum inungatur corpus, et quieſcet Pruritus. Tom. 2. pag. 251.

† Paul. Æg. l. 4. c. 4. Oribaſ. Collectan. l. 10. c. 1. & Mercurial. de Pruritu.

is not always allayed by this means: whence I was induced to employ ſome of the medicated baths recommended by authors; and obſerved conſiderable advantage from thoſe prepared with alcalized ſulphur.* Sea-bathing alſo, in ſome caſes, entirely removed the complaint.†

Very copious directions concerning the diet of perſons affected with the Prurigo have been given by the Greek and Arabian phyſicians,‡ and tranſcribed by the moderns. It is only requiſite in general to uſe light, ſoft, and eaſily digeſtible food, care being taken

* Aëtius Tetrab. 1. 3. 168. Balnea ſulphurulenta purgant cutem, et propterea conferunt Lepræ, Pſoræ, Lichenibus & Pruritui.

† Balnea vero Pruritus & Scabiei ſunt aqua maris calefacta. Avicen. vol. 2. p. 252. a.

According to the medical poet, Q. Serenus Samonicus,

Pruritus autem ſalſos levat humor aceti;
Sive maris rabidi ſudor, cochleæque minutæ,
Quarum contactu perimetur acerba libido.

Præcepta, cap. 7.

‡ Ab acrium uſu abſtinendum eſt & præſertim ab oleribus mali ſucci. Quæ vero exhibentur bono ſucco prædita ſint, qualis eſt lactis aſſiduus potus, ptiſana, alice, ova gallinarum, porcellorum extremitates, & ventricula. Vinum tenue, dilutius & album. Aët. Tetrab. 4. 2. 20. Avicenna 4. 7. 3. 7. Avenzoar. Coll. Med. 3.

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to avoid all heating or ſtimulating ſubſtances, as alſo white wines and ſpirituous liquors. The uſe of whey,* milk and water, aſſes milk, and goat's milk,† likewiſe conſtitutes a part of the proper regimen.

3. PRURIGO SENILIS. This affection does not differ much in it's ſymptoms and external appearances from the Prurigo formicans; but has been thought by medical writers to merit a diſtinct conſideration,‡ on account of it's peculiar inveteracy. The Prurigo is perhaps aggravated, or becomes more permanent, in old age, from the dry, condenſed ſtate of the ſkin and

* Galen de Simp. Med. fac. l. 10.

† Sanantur illi quibus accidunt Scabies & Pruritus bibitione lactis. Avicen. tom. 1. 347. a.

Curatio autem Pruritus, eſt ut des lac vaccinum acetoſum. Cibus autem habentium Pruritum ſit ex eis quæ humectant, & generant ſanguinem laudabilem, & quæ ad frigiditatem declivia ſunt. Avicenna 4. 7. 3. 7.

Cibi laborantium pruritu debent eſſe ſorbiles. Theodor. Priſcian. l. 1. de Medicinâ. See Mercurialis, Sennertus, Platerus, & Hafenreffer de Pruritu: and Hiſtor. Morb. Vratiſlavens. 1699.

‡ Τοισι δε πρεσβυτησι συμβαινουσι δυσπνοιαι, τραγγυριαι, αρθρων πονοι, ιλιγγοι, καχεξιαι, ξυσμοι τε σωματος ολε &c. &c. Hip. Aphor. 3. 31.

See Paul. Ægin. de Re Med. l. 4. c. 4. Serapion, Pract. Tr. 5. cap. 6. Alſaharav. Tr. 31. 5. Haly Abbas Diſp. Reg. l. 8. cap. 17. Compare Ruſſel, Œconom. Naturæ, pag. 159. and Ephemerid. Nat. Cur. Dec. 1. Ann. 9.

cuticle,

cuticle, which often takes place at that period.* It is alſo moſt frequent in the melancholic or mixed temperaments;† and appears to be generally connected with a languid ſtate of circulation, and of the digeſtive power. Thoſe who are affected with it in a high degree have little more comfort to expect during life, being inceſſantly tormented with a violent, and univerſal itching. The papulæ are for the moſt part large, though not inflamed: their ſize and diſtribution, with ſcabs intermixed, are repreſented, Pl. vii. Fig. 3. Sometimes the whole ſurface has a ſhining appearance, and is irregular, or granulated, without an eruption of diſtinct papulæ. This ſtate of the ſkin is ſucceeded by ſcurf, or ſcales, which, from their repeated ſeparation and renewal, prove an additional cauſe of irritation. The ſolace derived from ſcratching or rubbing the ſkin is of ſhort duration: for when the cuticle is, by this means, extenſively abraded, the mingled ſenſation of itching and ſmarting riſes, at times, to a pitch beyond human ſufferance.

* Actuar. Meth. Med. l. 2. c. 11. et Avicenna, l. 4. Fen. 7. 3. 6.

† In ſiccâ autem ſcabie quam potiſſimum ſenes macilenti et qui temperamento pollent melancholico-cholerico, experiuntur, minoris molis puſtulæ pauco ichore ſeroſo ſunt refertæ, quæ tenuiſſimas nervorum fibrillas ſub cuticulâ irritando, ardorem et pruritum inferunt intolerabilem. Hoffman. tom. 4. part 5. cap. 5. See Lorry de Morb. Cutan. p. 241.

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The remedies mentioned under the article of Prurigo formicans, are of no avail in the preſent complaint. A warm bath* is the only application which allays the itching and irritation: but it's effects are, in general, merely temporary. Somewhat more advantage is experienced from baths of warm ſea water, or of the ſulphureous waters at Harrogate, &c. The latter ſhould at the ſame time be taken internally: and on the whole, I think it may be conſidered as the beſt remedy for this complaint, with which we are yet acquainted.

In one caſe of the Prurigo ſenilis, I accidentally obſerved a number of ſmall inſects on the patient's ſkin and linen. They were quick in their motion, and ſo minute that it required ſome attention to diſcover them. I at firſt took them for ſmall pediculi: but on applying a magnifier they appeared to belong to the genus Pulex, not however anſwering to any of the ſpecies deſcribed by Linnæus. An accurate drawing was made of one of theſe as exhibited by the microſcope, which is repreſented Pl. vii. Fig. 4.

* Avicenna, tom. 2. Fiat balneatio cum aquâ tepidâ. P. 251, he adds, Senes juvantur in curatione Pruritûs qui accidit eis, ſi liniantur ex fæce vini cum aliquanto anetho humido.

See alſo Aët. Tetrab. 1. Serm. 3. cap. 137.

It

It is proper to remark, that neither this patient's wife nor any of his family, was affected in a ſimilar manner: nor could any of the inſects be found upon them by the ſtricteſt examination. No general concluſion ſhould be drawn from a ſolitary inſtance: the preſent one however will warrant a ſuppoſition that other caſes of the Prurigo ſenilis, or even of the Prurigo formicans, may be owing to the ſame cauſe. With a view to aſcertain this point, I have ſince paid cloſe attention to all caſes that occurred, but have not hitherto met with any ſucceſs in the reſearch.

The external remedies employed to relieve the patient above-mentioned, were decoctions of tobacco, or of Cocculus Indicus, and a ſtrong ſolution of muriated quickſilver. The latter was moſt efficacious in alleviating the ſymptoms: yet it did not wholly deſtroy the ſmall pulices: they always appeared again within three weeks, if the lotion had been omitted, producing the ſame inconvenience as before. The patient was therefore obliged to have frequent recourſe to the ſolution, and was by that means enabled to keep himſelf tolerably eaſy.

The ſtate of the ſkin in the Prurigo ſenilis is favourable to the production of another inſect, the Pediculus humanus, more eſpecially to the variety of

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it uſually termed body-lice, concerning which Linnæus remarks; Varietas capitis durior, coloratior, veſtimentorum laxior, magis cinerea.*

Theſe inſects, it is well known, are bred abundantly among the inhabitants of ſordid dwellings,† of jails, workhouſes, &c. and in ſuch ſituations prey upon perſons of all ages indiſcriminately. But in the Prurigo ſenilis they ariſe notwithſtanding every attention to cleanlineſs or regimen, and multiply ſo rapidly that the patient endures extreme diſtreſs from their perpetual irritation. The nits or eggs are depoſited on the ſmall hairs of the ſkin: and the pediculi are only found on the ſkin or on the linen, not under the cuticle, as ſome authors have repreſented.‡

* Syſt. Nat. p. 1016.

† Cauſa antecedens eſt mala victus ratio, mala cultura capitis & totius corporis, tarda veſtimentorum mutatio, neglectus balneorum, poſtpoſitio mundificationis & lotionis camiſiarum. Hinc milites, pauperes, minoritæ, clariſſæ pediculis ſcatent, homineſque ferales, qui corporis culturam ſpernunt.

Foreſti Obſ. Med. 14. lib. 8.

See alſo Mercurialis, lib. 1. cap. 7. and Haſenreffer, pag. 72.

‡ See Ariſtotle Hiſt. Animal, lib. 5. cap. 32. Galen de Comp. Med. ſec. loc. l. 1. cap. 8 & 9. Cæl. Aurelian. De Phthiriaſi. Serapion ſays, Jam enim ſcitur quod cauſa generans pediculos eſt in concavitate cutis, ubi eſt poſſibile ut generetur animal. Pract. Tract. 1. cap. 5.

Many marvellous ſtories are related by Foreſtus, Schenckius, and others,* reſpecting lice bred under the ſkin, and diſcharged in ſwarms from abſceſſes, ſtrumous ulcers, and veſications. The mode in which pediculi are generated being now ſo well aſcertained, no credit can be given to theſe accounts: It is probable, however, the authors of them had miſtaken for lice ſome other ſpecies of inſects, which are not unfrequently found in putrefactive ſores.† In the ſame manner may be explained the accounts given by Ariſtotle, Pliny, Cælius, and Joſephus, of the deaths of Pherecydes, Alcmæon, Ennius, Antiochus, and Herod.

The caſes of the Phthiriaſis in Amatus Luſitanus, are more correct and credible. Venetus vir bonus Anconæ pediculis per univerſum corpus ſcatens, ita ipſis lancinabatur, fœdabaturque, ut parum fuerit ne ex hoc decederet morbo. Novimus etiam nos Olyſipponæ hominem quendam non ignobilem ex hoc morbo miſerere obiiſſe: ita enim per univerſum ejus corpus ſcatebant pediculi abundabantque, ut duo ejus ſervi Æthiopes, nihil aliud curæ haberent, quam ex ejus

* See Manget. Bibliothec. De Morb. Pilorum: Heurnius de Morb. Capitis, c. 4. and Sauvages de Phthiriaſi.

† See Prof. Murray's treatiſe, De Vermibus in Leprâ obviis.

corpore

corpore pediculorum cophinos plenos ad mare, quod prædictam civitatem præterlabitur, portare.

Cur. Med. Cent. 3. 58.

In connexion with the foregoing ſeries of complaints, it ſeems proper to mention ſome pruriginous affections, which are merely local. I ſhall confine my obſervations to the moſt troubleſome of theſe, ſeated in the podex, præputium, urethra, pubes, ſcrotum, and pudendum muliebre. Itching of the noſtrils, eyelids, lips, or of the external ear, being generally ſymptomatic of other diſeaſes, do not require a particular conſideration.

1. PRURIGO PODICIS. Aſcarides in the rectum excite a frequent itching and irritation about the ſphincter ani, which ceaſes when the cauſe is removed by proper medicines. A ſimilar complaint often ariſes,* independently of worms, hæmorrhoidal tumours, or other obvious cauſes, which is moſtly found to affect perſons engaged in ſedentary occupations; and may be referred to a morbid ſtate of ſecretion in the parts, founded perhaps on a diminution of conſtitutional vigour. The itching is not always

* Oribaſ. De Loc. affect. curat. l. 4. c. 94. Meſue Op. pag. 116.

accompanied with an appearance of papulæ or tubercles: it is little troubleſome during the day time, but returns every night ſoon after getting into bed, and precludes reſt for ſeveral hours. The complaint continues, in this form, during three or four months, and has then an intermiſſion, till it is produced again by hot weather, fatigue, watching, or ſome irregularity in diet.

The ſame diſeaſe occurs at the decline of life, under a variety of circumſtances: Dr. Lettſom thinks it may be conſidered "as frequently a preventive of "other diſeaſes, having obſerved many perſons, after "various long indiſpoſitions, relieved by it's appear-"ance. A gentleman, ſixty-eight years of age, who "had long laboured under a diſorder of the cheſt, "attended with a weak and intermitting pulſe, &c. "was perfectly relieved from theſe ſymptoms by the "Prurigo podicis. A favourable termination of the "ſame kind happened in the caſe of a perſon who "had been for upwards of three months affected with "vertigo, and other ſtrong ſymptoms of an approach-"ing apoplexy. Another patient was relieved in "the ſame manner, after having been much debili-"tated by frequent fits of the gout: he imprudently, "however, endeavoured to allay the troubleſome ſen-"ſation of itching, by a ſtrong ſaturnine ſolution;

"and

"and after uſing this application for a few days, he "ſuddenly expired in his chair."*

Women, after the ceſſation of the catamenia, are liable to be affected with this ſpecies of Prurigo, more eſpecially in ſummer, or autumn. The ſkin between the nates is rough, and papulated, ſometimes ſcaly: and a little humour is diſcharged by violent friction. Along with this complaint, there is often an eruption of itching papulæ on the neck, breaſt, and back; a ſwelling, and inflammation of one or both ears; and a diſcharge of matter from behind them, and from the external meatus auditorius.

It is not ſo eaſy to allay the Prurigo podicis as might be expected: the repeated application of warm or cold water, of lime-water, or of waſhes made with preparations of lead, have no effect upon it. Vinegar† alone is preferable to any of theſe remedies, but the advantages thence derived are not permanent. The ſame may be ſaid of oils, tinctures, or ſolutions of opium, and of the tar ointment.‡ Mercurial oint-

* Memoirs of the Medical Society, vol. 3. pag. 348.

† Heiſter's Caſes, p. 549.

‡ Hafenreffer, l. 1. c. 14. See alſo Oribaſ. De Loc. Affect. curat. l. 4. c. 93. and Galen de Comp. Med. ſec. loc. l. 9. cap. 6.

ments

ments are generally the moſt efficacious; and of theſe, the unguentum hydragyri nitratum anſwers beſt.

Calomel, given internally, ſeems in many caſes to have the power of correcting a morbid ſtate of ſecreting ſurfaces: under the form of Plummer's pill, I have found it beneficial in the preſent complaint. In weak and relaxed habits, which are moſt ſubject to this ſpecies of Prurigo, the peruvian bark, and chalybeate medicines, facilitate the cure. As this diſorder is always very much aggravated by intemperance, it becomes requiſite to enjoin a light, cooling diet, great moderation in the uſe of wine, and a total abſtinence from ſpirituous liquors.

The Prurigo podicis ſometimes occurs as a ſymptom of the Lues venerea. If it be neglected on it's firſt appearance, there enſues an ichorous diſcharge, and an excoriation of the contiguous ſurfaces, extending from the poſterior to the anterior perinæum, and of the inner part of the thighs in contact with the ſcrotum. The parts affected have a whitiſh appearance, and are covered with a thick, ſebaceous matter, reſembling that which is ſeen on the venereal ulcer of the tonſil. This complaint, being attended with great pain and ſoreneſs, confines the patient to bed,

and

and interrupts his reſt: the ulcerations are, however, ſlight or ſuperficial, not penetrating into the cellular membrane. The mercurial courſe is not ſufficient for the cure of this malady: It is always neceſſary to uſe external applications. The Vegeto-mineral water with an addition of laudanum ſhould be applied cold every hour; and the ſore may be dreſſed with equal parts of ſaturnine cerate, and of ceratum lapidis calaminaris.

2. The PRURIGO PRÆPUTII, is owing to an altered ſtate of ſecretion on the glans penis, and inner ſurface of the præputium.* During the heat of ſummer, there is alſo, in ſome perſons, an unuſual diſcharge of mucus, which becomes acrimonious, and produces a troubleſome itching, and often an excoriation of thoſe parts. Waſhing of them with water, or ſoap and water, employed from time to time, relieves the complaint, and ſhould indeed be practiſed as an ordinary point of cleanlineſs, where no inconvenience is immediately felt. If the fluid be ſecreted in too large a quantity, that exceſs may be reſtrained, by waſhes made with the extract of lead, or by applying the unguentum ceruſſæ acetatæ.

* See Turner on Diſeaſes of the Skin, page 218.

3. PRURIGO

3. PRURIGO URETHRALIS. A very troubleſome itching ſometimes takes place at the extremity of the urethra in females without any manifeſt cauſe. It occurs as well in young women, as in thoſe who are of an advanced age. On examination, no ſtricture, nor tumour has been found along the courſe of the urethra. Probably, however, the itching may be occaſioned by a morbid ſtate of the neck of the bladder, being, in ſome inſtances, connected with pain and difficulty in making water. The uſe of bougies was recommended for this complaint by the late Dr. Hunter, and has generally proved ſucceſsful.

An itching at the extremity of the urethra in men, is produced by calculi, and by ſome diſeaſes of the bladder. In caſes of ſtricture an itching is alſo felt, but near the place where the ſtricture is ſituated. Another cauſe of it, is ſmall, broken hairs, which are ſometimes drawn in from the pubes, between the præputium and glans: and which afterwards becoming fixed in the entrance of the urethra, occaſion an itching, or ſlight ſtinging, particulary felt on motion. My friend J. Pearſon, Eſq. Surgeon of the Lock Hoſpital, has ſeen five caſes of this kind, and gave immediate relief by extracting the ſmall hair from the urethra.

4. PRURIGO

4. PRURIGO PUBIS. Itching papulæ often ariſe on the pubes, and become extremely ſore if their tops are removed by ſcratching. They are occaſioned ſometimes by neglect of cleanlineſs, but more commonly by a ſpecies of pediculus, which perforates the cuticle, and thus derives it's nouriſhment, remaining fixed in the ſame ſituation. Theſe inſects are termed by Linnæus, &c. Pediculi pubis: they do not, however, affect the pubes* only, but often adhere to the eye-brows, eye-lids, and axillæ: they are often alſo found on the breaſt, abdomen, thighs, and legs, in perſons of the ſanguine temperament, who have thoſe parts covered with ſtrong hairs. It is remarkable, that they ſeldom or never fix upon the hairy ſcalp. The great irritation produced by them on the ſkin,† ſolicits conſtant ſcratching, by which they are

* Alterum pediculorum genus, ſub axillis, et in pectine, nec non ciliis et ſuperciliis, ut plurimum reſident: ſunt lati, et cuti ita adhærent, ut unguibus vix avelli queant; Latinis, Plactulæ, quibuſdam Morpiones, nonnullis Petalæ, aliis Peſſolatæ, Italis Piattoni, Germanis Filts Lause, in Canibus Bacten.

Hafenreffer, de Cutis Affectibus, l. 1. c. 10.

Compare Aët. Tetrab. 2. 3. 64. Actuar. Med. 2. 7. Celſus de Medicinâ, l. 6. c. 6. Mercurialis de Morb. Cut. lib. 1. cap. 17. Pechlin. Obſ. Med. 24.

† Turner on Diſeaſes of the Skin, page 159, 162. Tulpius, Obſ. Med. 40. lib. 3. Foreſti Op. pag. 244.

torn from their attachments; and painful tubercles ariſe at the places where they had adhered. When the pediculi are diffuſed over the greater part of the ſurface of the body, the patient's linen often appears as if ſprinkled with drops of blood.

In attempting to exterminate the Pediculi pubis, it may be occaſionally neceſſary to clear the ſurface, in order to make the applications to it with more convenience. I have uſed ſeveral waſhes and liniments with ſucceſs: but always found ſtrong mercurial* ointment the moſt ſpeedy and efficacious remedy.

5. PRURIGO SCROTI.† The ſcrotum is affected with a troubleſome and conſtant itching from aſcarides within the rectum, from friction by violent exerciſe in hot weather, and very uſually from the Pediculi pubis. Another and more important form of the complaint appears in old men, ſometimes connected with the Prurigo podicis, and referable to a morbid ſtate of the ſkin or ſuperficial glands of the part. The ſcrotum, in this caſe, aſſumes a brown colour, often alſo becoming thick, ſcaly, and wrinkled.

* See Lorry de Morb. Cut. pag. 570.

† Aët. Tetrabibl. 4. 2. 20. Hoffman, tom. 4. pag. 442.

The

The itching extends to the ſkin covering the penis,* more eſpecially along the courſe of the urethra; and has little reſpite, either by day or night.

The medicines recommended for the Prurigo podicis are likewiſe applicable† to the preſent diſeaſe. It's obſtinacy is, however, in ſome caſes too great to be eaſily palliated: and the application of more powerful remedies becomes requiſite. A lotion prepared with corroſive ſublimate diſſolved in lime-water; or lini-

* Avicenna, vol. 1. pag. 918. cap. 23. Serapion, Tract. 5. Haly, Pract. 8. 4. Plater. Obſervat. in Sup. Corp. dolor. lib. 2. p. 501. Foreſt. Obſ. Med. 8 & 9. lib. 26.

† See Aët. Tetrab. 4. 2. 20. Si pſora ſanata pruritus reſtat aut augetur, aut ſcrotum humore deſtillat, nitrum cum ſtaphide agreſti & alumine liquido, roſaceo, & aceto dilutum in balneo illinire jubemus; et e balneo ovi candidum cum melle imponere. Si vero vehemens & intolerabilis eſt ſcroti pruritus, fæc aceti ſicca cum vino madefacta adhibetur, eodem modo velut præcedens medicamentum; illito etiam poſtea ovi albumine. Quod ſi amplius adhuc vim ejus augere voles, uſtam fæcem accipies. Idem præſtat alumen cum melle probe coctum. Compare Oribaſ. 4. 94. Paul. Ægin. de Re Med. l. 3. c. 54. Avicenna, vol. 2. p. 2516. Alſaharav. Tr. 22. 4.

The following preſcription is in the Book of Secrets, attributed to Galen: R. ceruſſæ drachmas vi. ſulphuris citrini drachmas ii. opii drachmam i. Terantur omnia cum aceto vini aquâ permixto, & appone tribus vicibus.

Dr. Mayern ſtrongly recommends us to foment with a decoction of arrow-head, in the Prurigo ſcroti, ani, and vulvæ: "Specificum eſt ſagittalis aquatica tota cum radice aquâ incocta pro fotu cum linteis." De Morb. extern. pag. 159.

ments of red precipitate, have, for the moſt part, a good effect: If conſiderable excoriations have been produced from ſcratching, or otherwiſe, it is proper to apply previouſly ſome mild unguent, till the cuticle be conſolidated.

6. The PRURIGO PUDENDI-MULIEBRIS, is ſomewhat analogous to the Prurigo ſcroti in men.* It is often a ſymptomatic complaint in the Lichen and Lepra: it likewiſe originates from aſcarides irritating the rectum; and is, in ſome caſes, connected with a diſcharge of the fluor albus.

A ſimilar affection ariſes in conſequence of the change of ſtate in the genital organs at the time of puberty, attended with a ſeries of moſt diſtreſſing ſenſations. I ſhall, however, confine my attention to one caſe of the diſorder, which may be conſidered as idiopathic, and which uſually affects women ſoon after the ceſſation of the catamenia. It chiefly occurs in thoſe who are of the phlegmatic temperament, and inclined to corpulency. It's ſeat is the labia pudendi and entrance of the vagina: it is often accompanied with an

* De Gynæciis Lib. Galeno attribut. Serapion, Tr. 5. cap. 6. Meſue, cap. 12. p. 134. Alſaharav. Tr. 23. cap. 6.

† Pechlini Obſ. 24.

appear-

appearance of tenſion or fulneſs in thoſe parts, and ſometimes with inflamed itching papulæ on the labia and mons veneris. The diſtreſs ariſing from a ſtrong and almoſt perpetual itching in the above ſituation, may be eaſily imagined. In order to allay it in ſome degree, the ſufferers have frequent recourſe to friction, and to cooling applications; whence they are neceſſitated to forego the enjoyment of ſociety. An excitement of venereal ſenſations alſo takes place from the conſtant direction of the mind to the parts affected, as well as from the means employed to procure alleviation. The complicated diſtreſs thus ariſing renders exiſtence almoſt inſupportable; and often produces a ſtate of mind bordering on frenzy.

Profeſſor Lorry has deſcribed this calamitous ſituation in very ſtrong terms, under the article of Intertrigo.* Pruritui illi tum in maribus tum in feminis jungitur ardor in venerem inexplebilis. Mores et præcepta repugnant, coercet virtus vivax; at manus indocilis in has partes fertur, ſcalpendoque malum irritatur; et animus ipſe in partem operis venit cum artuum tremore et palpitatione. Sedatur vulgo per plurimas horas malum, tuncque omnia tranquilla

* De Morb. Cutan. p. 450.

See Avicenna, l. 3. Fen. 21. Tract. 3. c. 15.

apparent;

apparent; at recrudeſcit per paroxyſmos, noctu potiſſimum afficiens. Progrediente malo, partes ad aſpectum maculoſæ, maculis flavis vix ſupra cutem extantibus, diſtinctæ ſunt: Scrotum omnino rugoſum, (ut & labia pudendorum in fæminis) & tempore paroxyſmi prorſus retractum. Erectio penis, & libidinis ardens cupido mentem incendunt. Partes illæ non eruptione lichenibus ſimili afficiuntur; ſed epidermis rugoſa olet, & alluitur liquore unctuoſo, non lintea maculante, non digitis adhærente, ſed ad ſenſum lubrico.

Increſcente malo, pruritus enormes ſiunt per paroxyſmos et ſumme violentos et ſæpe recidivos, ita ut nec pudor nec reverentia regum, a ſcalpendo divertant: et per intervalla etiam paroxyſmorum, punctura acerrimæ, acubus inflammatis per cutem tranſactis morſu ſimiles, in clamorem adigunt: Hinc partes illæ rhagadibus et fiſſuris undique hiant manu factis. Ardor ſemper ineſt, et ad quamvis leviſſimum inceſſum, exhalat humor olentiſſimus, fervente interea œſtro venereo.

Longus diuturnuſque morbus eſt, et licet juvenibus caſtiſque aliquo modo ſæpius accidat; non tamen raro illum obſervaſſe contigit in vetulis et anubus; unde utrique ſexui pariter propudioſa renovabatur

in

in extrema illa ætate, circa partes ulceroſas, flagrans libido, non durabilis, non effectibus prædita, ſed tam violenta vi nervos concutiens, ut inde acies ipſa mentis obſcuraretur, et in deliramenta conjicerentur miſerrimi ſenes, ridentibus miniſtris delapſam in cineres facem.

Theſe unpleaſant circumſtances do not, however, occur in every caſe of the diſorder; and Sennertus has properly diſtinguiſhed it from the Furor uterinus.* Differt furor uterinus a pruritu uteri ſeu pudendi: Pruritus enim eſte in ſenioribus etiam ortus, ſine libidine, et veneris appetitu eſſe poteſt, ſi ſit in pudendis non eo loco qui venerei appetitus primaria ſedes eſt: et ſi ſit conjunctus cum appetitu venereo, ſaltem ſalacitatem parat et feminas libidinoſas facit ſine furore. Lib. 4. p. 2. ſect. 3. c. 5.

Deep ulcerations of the parts ſeldom take place in the Prurigo pudendi: but the appearance of aphthæ on the labia and nymphæ, is by no means unuſual. From intercourſe with females under theſe circumſtances, men are liable to be affected with aphthous

* See alſo Sauvage's De Nymphomania Pruriginosâ. Etmuller, De Morb. Mulier. tom. 1. pag. 562. Foreſti Op. tom. 2. pag. 704. and Schenckii Obſ. Med. l. 4. pag. 552.

ulcera-

ulcerations on the glans, and inſide of the præputium; which prove troubleſome for a length of time, and often excite an alarm, being miſtaken for chancres. They may, however, be removed by frequently waſhing the parts with milk and water; and by applying at bed-time the unguentum ceruſſæ acetatæ.

Women, after the fourth month of their pregnancy, often ſuffer greatly from the Prurigo pudendi, attended with aphthæ. Theſe, in a few caſes, have been ſucceeded by extenſive ulcerations, which deſtroyed the nymphæ, and produced a fatal hectic: but ſuch inſtances are extremely rare. The complaint has, in general, ſome intervals or remiſſions; and the aphthæ uſually diſappear ſoon after delivery, whether at the full time, or by a miſcarriage.

Saturnine lotions afford relief in ſlighter degrees of the Prurigo pudendi, but cannot generally be depended upon. Saline ſolutions,* lime-water, vinegar, and oily emulſions prepared with fixed alkali, have alſo a temporary good effect. The moſt certain

* Alumen frixum confert pruritibus intrinſecis in vulva et ano: ponatur ſuper pannum. Avicen. 4. 7. 3. 7.

remedy

remedy is a ſolution of corroſive ſublimate in lime-water, half a ſcruple of the former being added to eight ounces of the latter. The repeated application of it every day has in ſome caſes wholly removed the complaint. It's uſe muſt, however, be poſtponed, if there are rhagades or painful fiſſures of the ſkin, which often occur, and require ſome immediate palliation. On this head moſt of the chirurgical writers have given very copious inſtructions.

Profeſſor Lorry thinks the Prurigo pudendi may be moſt effectually relieved by the warm bath,* or by an application of the ſteam of boiling water. He adds ſome proper cautions againſt the uſe of wine or ſtrong condiments; as alſo againſt ſoft ſeats, and down beds, which are the means of exciting too great a heat in the parts affected.

I have employed for this complaint the regimen and internal medicines formerly mentioned under the

* Nihil melius eſt balneis tepidis atque diluentibus cutem fovere: Si verò univerſali eorum uſui aliquid obſtiterit, ſaltem ſemicupia adhibere fas eſt; aut ſedilia cava arte facta, quæ aquâ et emollientibus herbis impleveris, unde longâ ſeſſione pars humectetur penitus, et magna acrimoniæ pars cicuretur.

De Morb. Cutan. pag. 574.

See Serapion, Pract. Tr. 5. cap. 7. Alſaharav. Tr. 22. cap. 4.

heads of Prurigo formicans and Prurigo podicis, with various ſucceſs: and am ſorry to add, that the diſeaſe in ſeveral inſtances has proved ſo inveterate as to reſiſt every plan hitherto recommended for it by medical authors.

The following obſervations reſpecting the Prurigo pudendi muliebris, were communicated to me by Dr. John Sims.

"Having had frequent opportunities of ſeeing this "complaint, I ſhall briefly ſtate the different ſources "from which I have obſerved it to ariſe. As the "itching, in ſome caſes, affects only the parts without "the labia; and, in other inſtances, is wholly confined "to the internal pudendum; it ſeems not improper "to make a diſtinction between the external and "internal Prurigo.

"The external Prurigo ariſes from

"1. Want of cleanlineſs; which, in groſs and cor-"pulent women, occaſions a chafing in the groins, or "wherever the folds of the ſkin rub on each other. "An acrimonious, and highly fetid diſcharge takes "place from the excoriated parts, which have a livid "appearance, and are ſurrounded by an eruption of

"inflamed

" inflamed papulæ. This complaint, though apparently " formidable, is eaſily cured by frequent waſhing " with water, or ſoap and water, and by ſprinkling " on the excoriations Fuller's-earth or ceruſs pow- " der.

" 2. Pediculi pubis. Calomel mixed with ſtarch- " powder, and applied by a down puff, ſpeedily " deſtroys theſe inſects. The ſame application con- " tinued will prevent the nits, or ſmall eggs, which " adhere to the hairs, from becoming afterwards " troubleſome.

" 3. Varices of the veins of the pubes. This obſti- " nate and painful complaint does not ſeem to have " been noticed by any writer. It produces a conſtant " itching, great tenderneſs or ſoreneſs of the part, " and ſometimes deep ulcerations. In ſeveral caſes, " the itching has been much relieved, and the ulcera- " tions healed, by an unguent compoſed of ſperma " ceti liniment with a ſmall addition of nitrated quick- " ſilver.* Aſtringent lotions, applied with a view of " ſtrengthening the coats of the veins, did not ſeem " to produce any conſiderable effect.

* The proportion was twenty or thirty grains of the hydrargyrus nitratus ruber, to an ounce of the linimentum ſperm. ceti.

" 4. An eruption of ſmall, red pimples, with a highly " inflamed baſe. The eruption is accompanied with, " or ſucceeded by a dryneſs of the cuticle, which " cracks, and diſcharges an acrimonious ichor. This " form of the external Prurigo is very frequent, and " perhaps the only caſe of it which can be conſidered " as idiopathic. After trying a variety of applications, " I have found nothing anſwer ſo well as the liniment " above-mentioned. Along with it, I have in general " preſcribed ſmall doſes of calomel and precipitated " ſulphur of antimony, and ſometimes the decoction " of ſarſaparilla.

" The internal Prurigo ariſes from

" 1. Aſcarides. I have frequently known theſe worms " lodged in the vagina as well as the rectum, and pro- " duce much uneaſineſs. Mercurial, and aloetic pur- " gatives, with injections containing calomel, or corro- " ſive ſublimate, appear to be the moſt effectual means " of removing them.

" 2. Venereal warts and ulcers. When the itching " is found to ariſe from a ſyphilitic affection, our " attention muſt neceſſarily be directed to the cure of " the primary diſeaſe. I have, however, obſerved " ſmall, hard, diſtinct tumours, within the labia, which " ulcerated,

" ulcerated, and diſcharged a very fetid matter, being " not diſtinguiſhable from chancres: yet the event as " well as the character of the parties, has proved that " the ulcerations were not venereal. It is therefore " improper to decide too haſtily on ſuch appearances; " ſince, through want of caution in this reſpect, the " peace of many worthy families may be unneceſſarily " diſturbed.

" 3. Aphthæ. An eruption of ſmall, white ſpecks, " exactly reſembling the aphthæ in the mouths of " infants, often extends over all the ſkin within the " labia pudendi, and produces much uneaſineſs. I " have obſerved this complaint, chiefly in pregnant " women; and have in general removed it by bleed- " ing, and the uſe of ſaline purgatives.

" 4. Fungous excreſcences. In ſome caſes of in- " tolerable itching, I have diſcovered a little fungous " excreſcence growing within the meatus urinarius, " on the removal of which by the lunar cauſtic, the " complaint has been preſently cured. They were " probably caſes of this kind which the late Dr. " Hunter cured by the application of bougies. I have " obſerved a ſimilar fungous appearance about the " entrance of the vagina, owing perhaps to a diſeaſe of " the carunculæ myrtiformes. It produced an extreme

" ſore-

" ſoreneſs of the part, as well as a troubleſome itching, " and proved, in ſome inſtances, extremely obſtinate. " The ſlighter caſes of it were relieved by diligent " waſhing with ſoap and water; and by applying the " ſperma ceti liniment with about a ſixteenth part of " red nitrated quickſilver.

" 5. Piles. The piles occaſion a violent itching " about the fundament, which frequently extends to " the internal pudendum, and is perhaps connected " with a varicoſe ſtate of the veins in the vagina. In " this caſe, I have preſcribed with advantage the uſe " of ſulphur internally, and, at the ſame time, injec- " tions containing vitriolated zinc.

" 6. Scirrhus. The Prurigo pudendi is not a con- " ſtant ſymptom of ſcirrhus in the womb: but I have " known it, in ſome inſtances, accompany this cala- " mitous malady."

ORDER II.

SCALY DISEASES OF THE SKIN.

THE ſecond order of Cutaneous Diſeaſes includes thoſe affections, which are characterized by an appearance of ſcales ariſing from a morbid ſtate of the cuticle, as ſpecified in the ſecond Definition. The cuticle is not, however, the only ſeat of theſe complaints: their real origin ſeems often to be indurated papulæ, or larger elevations of the true ſkin, which by preſſure, or diſtenſion, injure the texture of the cuticle, and produce thickened, irregular layers of it. The ſcales or cruſts thus formed have not always been diſtinguiſhed from ſcabs ſucceeding confluent puſtules, or ſuperficial ulcerations; whence we find, in medical writers, ſeveral diſſimilar diſeaſes improperly connected together. I ſhall endeavour to avoid ſuch inaccuracies by ſtrictly obſerving the ſecond, and third definitions.

The generic diſeaſes of the preſent order, are Lepra, Pſoriaſis, Pityriaſis, and Ichthyoſis.

I. By the term LEPRA, I mean to expreſs the complaint ſo denominated by the moſt accurate of the Greek phyſicians. It is characterized by ſcaly patches, of different ſizes, but having always nearly a circular form. I have obſerved, in this country, three varieties of the diſeaſe, which may be deſcribed under the titles of LEPRA VULGARIS, LEPRA ALPHOS, and LEPRA NIGRICANS.

1. The LEPRA VULGARIS exhibits firſt ſmall, diſtinct elevations of the cuticle, which are reddiſh, and ſhining, but never contain any fluid, ſee PL. VIII. A. On their ſurface, when examined through a magnifier, the cuticular lines are found obliterated: and, within a few hours, a thin, white ſcale is formed on the top of each of them. In three or four days, the ſmall elevations appear flattened, and are at the ſame time dilated, by an extenſion of their baſes, to the ſize of a ſilver penny, as at B. Theſe patches continue to enlarge gradually, till they nearly equal the dimenſions of a crown piece. They have always an orbicular, or oval form; are covered with dry ſcales, and ſurrounded by a red border. The ſcales accumulate on them, ſo as to form a thick, prominent cruſt, C. (Def. 1.)

which

which is quickly reproduced, whether it fall off ſpontaneouſly, or may have been forcibly detached.* After it's removal, the ſurface appears, through a magnifier, to be porous, and irregular, or wrinkled, but the furrows do not coincide with the lines of the contiguous ſound cuticle. No pain, or uneaſineſs attends the above eruption, except that a ſlight degree of itching is felt, when the perſon affected with it becomes warm in bed, and that a ſenſation of tingling is produced by ſudden changes in the temperature of the atmoſphere.

This ſpecies of Lepra ſometimes appears firſt at the elbow, or on the fore-arm; but more generally about the knee. In the latter caſe, the primary patch forms

* Increſcunt ſenſim et ſæpe attolluntur in molem lemæ leproſæ. Si nimiâ vi fuerint evulſæ, ſanguinem ad baſim fundunt, carnemque (ut cum veteribus loquar) ſeu potius baſim cutis ſanam et rubellam oſtendunt, ex quâ tamen novæ cruſtæ mox ſuccreſcunt. Lorry, De Morb. Cutan. p. 366.

See Dr. Falconer's Account of the Lepra Græcorum; Memoirs of the Medical Society of London, vol. 3. p. 369.

It is to be obſerved that in Dr. Falconer's deſcription of the Lepra, a puſtular diſeaſe (Impetigo) is alſo comprized, which is ſaid to appear on different parts of the body, in the form of itchy pimples, containing matter. Theſe, after breaking, diſcharge a thin corroſive humour, by which the parts are ſometimes incruſted over as with a rough ſcaly coat, not unlike the bark of a decayed tree. Pag. 371.

immediately below the patella, as at E. Within a few weeks, ſeveral other ſcaly circles appear along the fore part of the leg, and thigh, increaſing by degrees till they come nearly into contact. The diſeaſe is then often ſtationary for a conſiderable length of time. If it does advance further, the progreſs is towards the hip, and loins; afterwards to the ſides, back and ſhoulders; and about the ſame time to the arms and hands. In the greater number of caſes, the hairy ſcalp is the part laſt affected *: although the circles formed on it remain for ſome time diſtinct, yet they finally unite, and cover the whole ſurface on which the hair grows, with a white, ſcaly incruſtation. This appearance is attended, more eſpecially in hot weather, with a troubleſome itching; and with a watery diſcharge for ſeveral hours, when any portion of the cruſt is detached, which takes place from very ſlight impreſſions. The pubes in adults is ſometimes affected in the ſame manner as the head: and if the ſubject be a female, there is uſually an internal Pruritus pudendi, as was before obſerved; ſee pag. 100, &c. In ſome caſes of the diſorder, the nails, both of the fingers and toes, are thickened, and deeply indented longitudinally.

* In one or two inſtances, the diſeaſe began at the occiput, and ſpread from thence over the ſcalp; afterwards gradually extending to the arms, body, and lower extremities.

Either

Either the whole, or ſome part of each nail, is harder, and more prominent, than uſual. Under ſeveral of them alſo may be obſerved one, two, or three, round yellowiſh ſpecks, which, on advancing to the end of the fingers, in conſequence of the growth of the nail, will be found to originate from a depoſition of curdly, ſebaceous matter, having an extremely fetid odour.

When the Lepra extends to all the parts above-mentioned, it becomes highly diſguſting in it's appearance,* and inconvenient from the ſtiffneſs and torpor occaſioned by it in the limbs. The diſeaſe, however, even in this advanced ſtage, is ſeldom diſpoſed to terminate ſpontaneouſly. It continues nearly in the

* Sejuncti ſunt atque ſeparati omnes iſti tumores, ſed etſi ſparſim apparent, ſi magno numero cutim occupant, certe monſtroſo aſpectu terrent.—Pruritus enormis baſim et intervalla cruſtarum ita occupat, ut noctem inſomnem ducere iis neceſſe ſit, aut a ſomno expergefactis e lecto proſilire. Lorry.

Dr. Falconer remarks, "It is often very uneaſy to the feeling, and even rather painful; but this ſeems to ariſe principally, if not altogether, from the hardneſs and ſtiffneſs of the ſkin, which renders motion troubleſome. The ſame circumſtance cauſes the outſide of the ſkin to be inſenſible to ſlight impreſſions of the finger: but no real inſenſibility of the part affected, or of thoſe adjacent to it, has been obſerved." Pag. 370.

The violent itching, and irritation noticed by M. Lorry does not take place in our temperate climate, but is, perhaps, ſeverely felt in hot countries.

ſame ſtate for ſeveral years,* or ſometimes during the whole life of the perſon affected, not being apparently connected with any diſorder of the conſtitution.†

A regular mode of diet, with an appropriate medicinal courſe, acts very ſlowly on the Lepra, yet will at length accompliſh it's cure. The ſteps by which it proceeds to a termination are as follows. Firſt, the incruſtation ſeparates from about the centers of the patches, and is no longer reproduced. The ſcales being farther, and farther removed, a circle of red, ſhining cuticle, deeply indented, appears within the original patch, which ſtill retains a broad, hard, ſcaly ring, or border, as at D D. This border continues till the cuticle within it aſſumes the uſual colour and texture. It then gradually diſappears: and the cuti-

* In toto morbo, longiſſimo quidem, vix variationem aliquam accipiunt phænomena, ita ut per longam annorum ſeriem in eodem ſtatu remaneant, donec multiplicatâ materiâ obſtruantur glandulæ lymphaticæ, cachecticique tandem atque hydropici moriantur, aut tabe pulmonali abſumantur ægrotantes: ſed pluribus ſine aliquo incommodo ad ſenectutem uſque propagatur morbus, ſaltem in pauperiore hominum genere quibus ipſa facit inopia ut auxilia negligant, dietam aſpernentur, et nullam bonis artibus fiduciam adhibeant.

Lorry, pag. 367.

† "The appetite, ſleep, and ſtrength of the patients have not been apparently affected; and there is very rarely any thirſt, or fever attending it."

Dr. Falconer, pag. 370.

cular

cular lines being extended over it, eraſe every veſtige of the diſeaſe.

There are ſome peculiar circumſtances in this form of Lepra, which merit further attention.

1. The ſcaly patches conſtituting it are generally ſituated, where the bone is neareſt to the ſurface, as, along the ſhin, about the elbow, and upon the ulna in the fore-arm; on the ſcalp, and along the ſpine, os ilium, and ſhoulder-blades. They rarely appear on the calf of the leg, on the fleſhy part of the arm and thigh, or within the flexures of the joints.

2. The Lepra almoſt conſtantly affects both ſides, appearing at each elbow or at each knee about the ſame time, and extending from thence along the limbs in a ſimilar manner.

3. Though freſh patches ariſe, from time to time, in different ſituations, there is no alteration in the ſtate of the parts firſt affected, as happens in ſome other Cutaneous Diſeaſes. Notwithſtanding, when the complaint is about to terminate, all the patches aſſume a favourable appearance about the ſame time, thoſe neareſt the extremities going off ſomewhat later than the reſt.

4. The

4. The incruſtation of the ſcalp (page 114,) encroaches a little on the forehead, and temples; but I have never yet obſerved any of the ſcaly patches on the cheeks, or chin; on the noſe, or near the eyebrows.

5. When the extremities, back, loins, and head are all at the ſame time covered with dry cruſts, it might be expected that the obſtruction of the perſpiration on ſo large a ſurface ſhould produce diſagreeable conſequences, which, however, is not found to be the caſe.

The Arabian phyſicians conſtantly apply the term Lepra to the Elephantiaſis of the Greeks, which has led ſeveral modern authors to confound thoſe two diſeaſes. It ſeems, therefore, proper to mention the ſymptoms which have been inaccurately transferred, in their writings, from Elephantiaſis to the accounts of the Lepra Græcorum. Theſe are, baldneſs of the head; deſtruction of the ſmall hairs of the ſkin; deep ulcerations;* fetid ſweats;† and loſs of ſenſa-

* Amat. Luſitan. cent. 2. Turner, ch. 1 and 2. Bartoldi Prax. Clin. p. 3. cap. 1. Hafenreffer, 1, 15. Caroli Muſitani de tumorib. ch. 22. Bertrandi Opere Anatomiche, t. 4. articulo 11.

† Jul. Pol. ch. 25. Sennertus, l. 5, p. 1. ch. 28.

tion

tion in the parts affected*. It has alſo been ſaid, contrary to common experience, that the Lepra is diſpoſed to terminate in Elephantiaſis†, and that it is an incurable malady§.

The Latin authors have given no particular deſcription of this ſpecies of Lepra: Celſus probably comprehends it under the more general denomination of Impetigo, not having any where employed the term Lepra.

Hippocrates ſpeaks of Lepra as an affection merely ſuperficial; and thinks it ſhould be ranked among external blemiſhes, rather than among diſeaſes‡. He was of opinion alſo that it affected ſome internal ſurfaces of the body, more eſpecially that of the bladder‖, having probably miſtaken for leprous ſcales a

* Sauvage, Noſolog. Med. de Leprâ.

† Mercurialis, de Morb. Cutis, lib. 2. cap. 5. Dolæi Encyclopæd. Chirurg. l. 5. cap. 9. Hollerii Prax. &c.

§ Fernelii Patholog. lib. 7. cap. 4. Nullis hæc cedit remediis; et de ejus curatione vulgus divos implorare ſolet. Compare Lommii Obſ. Med. lib. 2.

‡ Εϛι δε τοιαυτα αισχος μαλλον η νοσημαλα. Lib. Περι παθων. Pag. 525. Ed. Fœſ. See Galen εισαγωγη, cap. 17.

‖ Lib. 5. Epidem. ſect. 3. p. 1146. G. Fœſ. Compare Galen. Definit. Med.

flaky ſediment in the urine, which is ſometimes produced from diſeaſes of the bladder.

The deſcriptions of Lepra in Paulus Ægineta, and Actuarius, nearly anſwer to the account I have given of it above. The former exhibits a comparative view of Lepra, and Pſora, in the following terms. "Both "theſe diſorders are characterized by a rough- "neſs of the ſkin, with itching, and a deliqueſcence "of the body, which originates from a melancholic "humour. But Lepra affects the ſkin deeply, in "circular patches, and throws off ſcales like thoſe "of large fiſhes. Whereas Pſora is more ſuperficial, "and variouſly figured, and throws off bran-like ſub- "ſtances*.

Actuarius, under the head of external affections, obſerves, "A leſs violent diſeaſe than the Elephantia- "ſis is Lepra, ſlighter than which is Pſora, and flight- "eſt of all the Lichenes. But the Lepra penetrates "deep, producing circular eruptions, and a colli-

* Τετων τών παθων εκατερον τραχυσμος της επιφανειας εσιν, μέλα κνησμα ϗ ατωλήξεως σωμαίος, εκ μελαγχολίκα χυμα την γενεσιν εχων· Αλλ' η μεν λεπρα δια ϐαθος επινεμέται το δερμα κυκλοτερως, μέλα τε φολιδοειδεις αφεναι λεπιδας· η δε ψωρα επιπολαιοτερα εσιν ϗ ποικιλως εσχηματισμενη, ϗ πιτυρωδη αφησι ἀωματα. Ed. Aldi 4. 2.

"queſcence

"queſcence of the fleſh; and throws off ſcales (le-
"pides) from whence alſo it derives it's name;
"whereas the Pſora is more ſuperficial, aſſumes dif-
"ferent forms, and only throws off certain bran-like
"ſubſtances.*"

Archigenes and Aetius likewiſe obſerve that Lepra is rough to the touch, and produces itching in the parts affected: that the ſkin alone is affected by it; whence, upon excoriation, the fleſh underneath is always found in a healthy ſtate; that Lepra produces large ſcales; whereas in Pſora there is only an appearance of bran-like ſubſtances on the ſkin. Aet. Tetrab. 1. Serm. 4.

It

* Ηττον δ' εις κακιαν μετα τον ελεφαντα λεπρα εστιν, μετ' την ψωρα, ειτα λειχηνες· Αλλ' η μεν λεπρα δια τε βαθους χωρει, και κυκλοτερη εξανθηματα ποιει και τινας συντηξεις σαρκος, λεπιδας τε αφιησιν, αφ' ων δη και τενυμα ειληχεν· μητ' εξω δια βαθους της ψωρας χωρουσης, και διαφορως σχηματιζομενης, και πιτυρωδη τινα αφιεισης σωματα—Κοινον δε αμφοιν ότε τραχυσμος, και ο κνησμος της δερματος. Actuar. de Meth. Med. 2. 11. MSS. penes Ja. Sims, M. D.

It is not eaſy to give in a tranſlation the preciſe meaning of the terms αποτηξεις σωματος, and συντηξεις σαρκος. Both theſe expreſſions ſeem to be merely hypothetical. The former is ſuppoſed to denote a gradual melting, or deliqueſcence of the morbid humour from every part of the body, and it's future depoſition, in the form of ſcales, upon the ſurface. The latter perhaps

It is, however, to be obſerved that ſeveral of the Greek phyſicians uſe the term Lepra in a leſs ſtrict ſenſe, to expreſs every Cutaneous Diſeaſe which, in it's progreſs, exhibits any appearance of ſcurf, ſcales, or thin ſcabs: thus they comprehend under it the Lichenes, Pſora, and even ſome forms of the Elephantiaſis, giving to it the ſame extent of ſignification as the Romans have done to Impetigo. Galen (De tumor. præt. nat. ca. 13.) implies an affinity between Lepra and Elephantiaſis, where he ſays, "that Lepra "is properly an affection of the ſkin alone, ſo that if "it extends to the fleſh and to the veins, it ſhould be "denominated Carcinus*." He mentions alſo two

extends the idea ſtill farther, and implies that a portion of the ſubſtance of the fleſh is diſſolved and carried off along with the melancholic humor. Galen makes a ſimilar alluſion in ſpeaking of the Lichenes which he ſuppoſes to originate from ſalt phlegm and yellow bile. "Hence," he ſays, "the ſcales are "formed on the ſkin, as happens in veſſels containing brine;" referring to the incruſtation made by the chryſtalized ſalt.

Γινεται δε το παθος ὑπο φλεγματος ἁλμυρας, και χολης ξανθης, ενθεν ως επι των ἁλμων των κεραμιων, αφισανται του δερματος αι λεπιδες. Iſagoge, cap. 13. Compare Aët. Tetrab. 2. Serm. 1. cap. 90. περι συντηξεως. Oribaſ. Synopſ. 7. 30. and Paul. Æginet. De re Medica, lib. 2. cap. 41.

* Elephantiaſis is by all the Greek phyſicians conſidered as καρκινος εν ὁλω τω σωματι, a carcinus, or cancer exiſting in the whole body. Compare Paul. Ægin. 4. 1. Actuar. Med. 2. 11.

caſes

caſes in which Elephantiaſis was changed into Lepra* by a particular mode of treatment.

Serapion, the Arabian, Breviar. Tr. 5. cap. 4. includes under a generic title tranſlated Impetigo, the Lichen, Pſora, and Lepra of the Greeks. He employs a ſpecific term, Albaras nigra, to expreſs the Lepra, which he deſcribes and diſtinguiſhes from Pſora in nearly the ſame terms as Paulus Ægineta. Compare Haly Abbas, Theorice, Lib. 8. Capit. 16. Rhazes, Lib. 6. Cap. 31. Avicenna, Lib. 4. Fen. 7. Tr. 3. Cap. 3.

Avicenna uſes the term Albaras nigra in a ſomewhat different ſenſe, applying it frequently to denote the rugged and ſcaly ſtate of the ſkin in Elephantiaſis, Lib. 4. Fen. 3. Tr. 3. cap. and Fen. 7. Tr. 2. cap. 9.—He obſerves, however, that the Impetigo excorticata (or Lepra Græcorum) reſembles the Albaras nigra. "Et de Impetigine eſt excorticata "propter vehementiam ſiccitatis, et profundationem; "et eſt ſicut Albaras nigra, et ſicut cortices." See alſo Alſaharav. Pract. Tr. 31. cap. 2.

* Galen. De Simplic. Med. facult. Lib. xi. and Lib. De Subfiguratione Empiricâ.

Of

Of modern writers, ſome arrange this diſeaſe under Impetigo*, ſome under Scabies†, or Pſora; and ſeveral of them‡ follow the nomenclature of the Arabians, who, as was before obſerved, apply the term Lepra to Elephantiaſis only. It ſeems particularly neceſſary to avoid ſuch confuſion in the uſe of words, by confining the term Lepra, to the diſeaſe ſo called by the beſt Greek writers; which, of all cutaneous affections whatſoever, conſtantly retains the moſt diſtinct form and character.

The Lepra is ſaid by ſome writers to be both contagious and hereditary. Mercurialis in particular maintains that Lepra, as well as Elephantiaſis, is propagated by contagion; having probably adopted the

* Fernelius, Sennertus, Langius, Carolus Muſitanus, Hoffman, Willis, Blancard, Lommius, &c.

† Fabr. Hildanus, Platerus, Hafenreffer, Corbeius, Heurnius, &c.

Dr. Mead, under the denomination of Lepra, comprehends the Leucè of the Greek writers, although they have carefully pointed out the difference of thoſe two diſeaſes.

‡ Johan. de Gaddeſden, Arnoldus de Villa Nova, Gordonius, Gilbertus, Guido de Cauliaco, Alphonſo, Paracelſus, Schenkius, Etmuller, &c.

Guido abſurdly derives the word Lepra a Lupo, vel a Lepôre naſi.

Tract. 6. Doctr. 1. ch. 2.

opinion

opinion before mentioned reſpecting an eſtabliſhed affinity between theſe two diſeaſes*. Experience, however, ſufficiently demonſtrates that the Lepra vulgaris is not contagious: but that there is a predipoſition to it communicated hereditarily, I can readily admit, having, in ſeveral inſtances, obſerved it to be thus tranſmitted. A ſlow pulſe, or a languid circulation of the blood, and, what muſt generally be connected therewith, a harſh, dry, impermeable ſtate of the ſkin and cuticle, appear to conſtitute a fundamental part of the prediſpoſition. From ſuch a ſtate of the integuments morbid effects ariſe, more eſpecially at the decline of life: hence the diſeaſe much oftener occurs, and is more inveterate after the age of forty, than at any earlier period; an obſervation made long ago by Hippocrates and Galen†.

The occaſional circumſtances which contribute to the production of this form of the Lepra have not been fully aſcertained. Particular kinds of diet, as dried meats, fiſh, oatmeal, and ſome incongruous mixtures of food, are uſually aſſigned as cauſes, but

* Lepra omnis tam Græcorum quam Arabum contagioſa eſt. Lib. 2. cap. 5. Sennert. 5. 1. 29. Hoffman, tom. 1. p. 202, &c.

† Galen. 3. Prognoſt. 28, &c. Hippocrat. Prorrhet. Lib. 2. ſub. fin.

not

not on ſufficient authority. At leaſt, the diſorder is very frequent in this city and its environs, where the articles of diet above-mentioned are but little uſed. I have not, upon enquiry, found any truth in the general notion, that Lepra is more prevalent in fiſhing towns on the ſea-coaſt, than in other ſituations. Dr. Willis, who has adopted the ſame opinion, mentions as a proof of it, that many hoſpitals were formerly built in Cornwall for the reception of the poor inhabitants of the coaſt, who, from living entirely on fiſh, were much affected with this diſeaſe*. It appears, however, from other authorities, that Dr. Willis, in this inſtance, has fallen into a common error, by not diſtinguiſhing the Lepra Græcorum, from the Elephantiaſis, or the Arabian leproſy; for which many hoſpitals or lazar-houſes were formerly eſtabliſhed in different parts of Europe†.

The only occaſional cauſes that I am able to point out, with any certainty, as contributing to the production of the Lepra vulgaris, are expoſure to cold, and moiſture‡, and the accumulation of ſordes on the

* Willis Op. pag. 29. 4to.

† Turner, on Diſ. of the Skin, p. 8.

‡ Dr. Jackſon, Dermatopathologia, pag. 135. & 149.

ſkin.

ſkin. Hence perſons engaged in ſome particular lines of buſineſs are more ſubject to this diſeaſe, and eſpecially thoſe who work among dry, powdery ſubſtances*; as alſo many of the labouring poor, who are much expoſed to cold, and almoſt conſtantly ſurrounded with duſt, or dirt, without having any ready means of procuring even a temporary enjoyment of cleanlineſs. It is indeed ſingular that in ſo large a city as London no proviſion ſhould have been made for the purpoſe of bathing. The greater part of it's inhabitants, from the want of ſuch an accommodation, never waſh their bodies for a ſeries of years: and very many omit this point of cleanlineſs during the whole courſe of their lives. In hot climates the frequent uſe of bathing has been at all times thought indiſpenſably neceſſary. Buildings adapted for it were erected in all the principal towns of ancient Greece and Italy, to which perſons of all ranks had acceſs at a trifling expence. The practice of frequenting them is continued to the preſent time, both in Greece, Egypt, and Syria. Baths were juſtly deemed requiſite for preſerving the health of the citizens: and with reſpect to their utility and the mode of their application, the ancient phyſicians have tranſmitted to us an uſeful ſtock of obſervations.

* Bricklayers' labourers, coal-heavers, laboratory-men, &c.

Conſiderable if not equal advantages might be derived from baths in our climate: it is therefore to be wiſhed that they were more general, and acceſſible to the lower claſs of people: the frequent uſe of them would not only be a means of preventing or curing affections of the ſkin, which are ſo prevalent, but likewiſe a variety of other diſeaſes.

2. Lepra Alphos. The ſcaly patches in the Alphos are ſmaller than thoſe of the Lepra vulgaris; and alſo differ from them in having their central part depreſſed or indented. Pl. ix. Fig. i. This diſorder uſually begins about the elbow, with diſtinct, eminent aſperities, of a dull-red colour, and not much larger than papulæ. Theſe in a ſhort time dilate to nearly the ſize of a ſilver penny. Two or three days afterwards the central part of them ſuffers a depreſſion, within which ſmall, white, powdery, ſcales may be obſerved. The ſurrounding border, however, ſtill continues to be raiſed, but retains the ſame ſize and the ſame red colour as at firſt. The whole of the fore-arm, and ſometimes the back of the hand, is ſpotted with ſimilar patches: they ſeldom become confluent, excepting round the elbow, which in that caſe is covered with an uniform, white cruſt. This affection appears in the ſame manner upon the joint of the knee, but without ſpreading far along the thigh or leg.

leg. I have ſeldom ſeen it on the trunk of the body, and never on the face. It is a diſeaſe of long duration, and not leſs difficult to cure than the foregoing ſpecies of Lepra: even when the ſcaly patches have been removed by perſevering in the uſe of ſuitable applications, the cuticle ſtill remains red, tender, and brittle, very ſlowly recovering it's uſual texture. The ſmall hairs of the ſkin are not deſtroyed, as ſeveral authors ſtate, nor altered with reſpect to their colour and texture, in any form of the Lepra Græcorum.

The Alphos, as above deſcribed, frequently occurs in this country, and ſhould perhaps be ranked with the White Alphos of the ancients*. According to Galen†, the Alphos is a ſlighter affection, and leſs rough, than the common Lepra. He further obſerves, and after him likewiſe Oribaſius and Aetius, that this diſeaſe does not affect the whole ſubſtance of the ſkin, but merely it's ſurface; and, that the patches appear like ſcales affixed to the ſkin‡. The deſcrip-

* Dr. Burges, Gulſtonian Lectures. See Hiſt. Morbor. Vratislavens. Ann. 1702. p. 139.

† Iſagoge & De Simp. Med. facult. 6.

‡ Των αλφων η γενεσις ομοειδης μεν εϛι τη λευκη ϗ τη λεπρᾳ, ου μεν αυλης δε ολε πεπονθυιας της σαρκος εν τω βαθει, αλλ' επιπολης τε δερματος· οιον λεπιδες

deſcription of the Alphos by Celſus, who copies theſe writers, is given in the following terms. Αλφος vocatur, ubi color albus eſt, fere ſubaſper et non continuus, ut quædam quaſi guttæ diſperſæ eſſe videantur. Interdum etiam latius et cum quibuſdam intermiſſionibus ſerpit*. Celſus, however, and other authors after him, have claſſed under the ſame generic title (Vitiligo) the Alphos, and another diſeaſe, termed by the Greeks Leuce, which differs from it both in form and ſituation. To be ſatisfied with reſpect to this point it is only neceſſary to compare their hiſtory of the Leuce† with the foregoing deſcriptions of the Alphos.

Hippocrates has particularly diſtinguiſhed the Leuce from the Alphos. He obſerves that the latter ſhould be conſidered as an external blemiſh, rather than a diſeaſe; (De Affectionib. ſect. 5.) but mentions the

τινες επιπεπηγασιν οι αλφοι, λευκοι μεν εκ φλεγματος, μελανες δε εκ μελαγχολικης χυμε γιγνομενοι. Galen. de Sympt. Cauſis, Lib. 3. Cap. 2.

Ο δεΑλφος επιπολαιος εστιν, ωδε εσει λεπιδες προσπεπηγε τω δερματι. Aët. Tetrab. 4, 1. 134.

* De Medicina, lib. 5. cap. 28.

† Aët. Tetrab. 4. 1. 134—5. Paul. Ægin. lib. 5, cap. 5.

Leuce

Leuce as a diſtemper of the moſt fatal tendency.* Celſus himſelf makes the ſame diſtinction: Αλφος & Μελας in quibuſdam variis temporibus oriuntur & deſinunt: Λευκη quem occupavit, non facile dimittit. It is, however, true that the term Alphos is, like Lepra, (ſee page 122.) uſed by other Greek writers with a conſiderable latitude of ſignification. Paulus and Actuarius maintain the identity of the Alphos and Leuce, ſtating that the Alphos may ſometimes penetrate deeper than the ſurface, and whiten the hairs on the parts affected.†

Moſt of the Arabian phyſicians expreſs the White Alphos, and the Leuce, by the terms White Morphea, and White Albaras; and only ſuppoſe a difference

* Prorrhet. lib. 2. ad finem.

Γινονται δε λευκαι μεν εκ των θανατωδεςατων νοσηματων, οιον ὴ νεσος η θινικη (φοινικιη) καλεομενη.

Compare Galen, Iſagoge, cap. 13. who likewiſe obſerves that the Lichenes, Alphos, Pſora and Lepra may be cured without much difficulty, and by nearly the ſame plan of treatment. De Simpl. Med. facult. lib. 11. & 6.

† Λευκαι δε προς τες αλφες τον αυτον εχεσι λογον ον αι λεπραι προς τας ψωρας· αι μεν γαρ λευκαι το πλεον δια βαθες χωρεσι, και τας εκειθεν τριχας τοιαυτας προβαλλουσι· οι δε αλφοι εξ επιπολης εισι· εσθ' οτε δε ὴ αυτοι προβαινοντες δια βαθες χωρεσι, ως ὴ τας τριχας λευκας φυειν δια τον υποκειμενον χυμον.

Paul. Æg. l. 4. c. 7. & Actuar. 2. 23. MSS. pen. Ja. Sims, M. D.

between

between them in degree, or extent. Alfaharavius has, however, diſtinguiſhed three varieties of the White Morphea*, the firſt of which ſeems to coincide with the ſcaly Alphos deſcribed by the Greeks.

The cauſes of the Alphos are perhaps nearly the ſame as thoſe of the Lepra vulgaris. It ſhould, however, be obſerved that the Alphos is found much oftener to affect young perſons than the latter does.

3. The LEPRA NIGRICANS differs little from the Lepra vulgaris as to it's form or diſtribution. The moſt ſtriking difference is in the colour of the patches, which are dark, and livid, as repreſented, PL. IX. Fig. ii. They appear firſt on the legs, and forearms, extending afterwards to the thighs, loins, neck, and hands. Their central part is not depreſſed as in the Alphos. They are ſomewhat ſmaller in ſize than

* Morpheæ ſunt tres ſpecies; una eſt quæ ſimilatur terræ, alia nigra, & alia alba. Quæ ſimilatur terræ fit duobus modis: quià aut erit cum ea pruritus, & reſultabunt ex eo ſquamæ ſimiles furfuribus tritici; aut erit plana, ſine pruritu, et æqualis cutis corporis ſuperficiei: apparet in æſtate vel quando ingreditur quis aquam, vel exponit ſe ſoli; et hæc ſpecies facilis eſt curationis. Alfahar. Tract. 31. c. 3.

Compare Serapion, Tract. 5. c. 5. and Avicenna, Lib. 4. Fen. 7. cap. 9, 10. who probably comprizes the above ſpecies of Morphea, under the title of Alguada.

the

the patches of the Lepra vulgaris ; and not only is the border livid, or purpliſh, but the livid colour of the baſe likewiſe appears through the ſcaly incruſtation, which is ſeldom very thick. It is further to be obſerved that the ſcales are more eaſily detached than in the other forms of Lepra, and that the ſurface remains longer excoriated, diſcharging lymph, often with an intermixture of blood, till a new incruſtation forms, which is uſually hard, brittle, and irregular.

The Lepra nigricans affects perſons, whoſe occupation is attended with much fatigue, and expoſes them to cold or damp, and to a precarious, or improper mode of diet, as ſoldiers, brewers' labourers, butchers, ſtage-coachmen, ſcullermen, &c. Some women are alſo liable to it, who are habituated to poor living and conſtant hard labour.

A ſoldier in the guards, during the active campaign of 1794 in Flanders, obſerved on the fore leg, above the knee, and in the palms of his hands, ſmall ſcaly circles, ſurrounded by a purpliſh border. Some of theſe increaſed, within a month, from the ſize of a ſix pence to that of a half crown piece. Other ſimilar patches appeared, in ſucceſſion, on the arms, the fore-part of the neck, the thighs, loins, and back. They were very ſore, and tender; and were kept bleed-

bleeding, or diſcharging, in conſequence of the violent exerciſe the patient was obliged to take. He firſt obſerved them in October, after a long, fatiguing march, wherein his detachment had been obliged to ſleep in the open air. About ſix weeks afterward he was taken to a temporary hoſpital in Holland, being affected with a violent fever, which ſpread among the troops by contagion. He was brought over, while yet in a delirious ſtate, to the York Hoſpital at Chelſea, where he recovered from the fever in two or three weeks, but nearly loſt the ſight of his right eye. When he firſt came to me, March 24th, 1795, the central part of the patches was reddiſh, the ſurrounding border livid; and through the ſlight yellowiſh, ſcaly ring within it, the ſame dark colour was very apparent. April 24th, I ſaw this patient a ſecond time. No alteration, he ſaid, took place in the cutaneous complaint after the fever. Some of the firſt patches on his arms, neck, &c. were now ſcarcely diſcernible: but freſh ones of the uſual form, and colour, had appeared, from time to time, in other places. The friction of his gaiters removed the ſcales, and left his legs almoſt conſtantly ſore, and bleeding, in conſequence of which he was diſmiſſed, though unwilling, from military ſervice.

It

It is poſſible the Lepra nigricans might be comprized by the ancients under the denominations of Melas*, and Black Morphea. Such an arrangement, however, is incorrect, ſince the terms Melas, Black Morphea, and Black Albaras†, properly expreſs certain appearances of the Elephantiaſis, and cannot therefore be applied to a diſeaſe generically different.

In the treatment of Lepra, the Greek phyſicians always premiſed bleeding and ſtrong purgative medicines; but they ſeem to have depended moſt on external applications, ſuch as alum, ſulphur, nitre, lupines, cabbage leaves, elm bark, the dung of goats, mice, and foxes, human urine, and the gall of bears. They likewiſe uſed ſeveral vegetable and mineral ſubſtances, which had a corroſive or veſicating quality, as hellebore, colophonia, the roots of white lily, onion, bryony, aſphodel, ranunculus, and anemone; the ſeeds of muſtard and horſe radiſh; quicklime, vitriol, &c. Remedies of this kind, or even bliſters, are, however, found to have only a temporary effect; their operation being ſoon ſucceeded by a reproduction of the ſcaly cruſts.

* See Aët. Tetrabl. 4. Serm. 1. cap. 131.

† Avicenna, 4. 7. 29. Serapion, Pract. Tract. 31. 5.

Liniments compoſed of tar, or ſome mercurial preparations are much uſed in the practice of the preſent times; but frequent bathing, or waſhing is the external remedy moſt eſſentially neceſſary for the cure of the two firſt ſpecies of Lepra*. Dr. Willis, from theoretical conſiderations†, diſcommends warm-bathing, and the external uſe of any mineral waters‡: notwithſtanding, I am well aſſured that the ſulphur-waters of Harrowgate, Croft and Moffat, prove of great utility in the Lepra, whether applied externally or internally. Much advantage may alſo be derived from baths prepared with a ſolution of alcalized ſulphur, and marine ſalt.

Dr. Falconer's remarks on the uſe of the Bath waters deſerve attention. He ſays, "The method in general

* See Aët. Tetrabibl. 1. 3. cap. 167.

† Balnea ſulphurea, tum naturalia, tum artificialia minus convenire, imo priora ſæpius officere, crebrâ experientiâ deprehenditur: quinetiam Balneatio quæcunque cautè admodum adhiberi debet: nam quatenus adminiſtratio hæc ſanguinem exagitat et effervefacit, craſin ejus plus diſſolvere, et corruptelas in cutim uberius ſuffundere periclitatur. Willis de Med. Operat. ſect. 3. cap. 7.

‡ His cenſure on the Bath waters is very ſevere. Novi plures haud graviter impetiginoſos Bathoniam noſtram ad balneandum in aquis calidis profectos inde prorſus leproſos rediiſſe.

purſued,

purſued is, to order the patients to bathe twice or thrice a week, according to their age, ſtrength, and other circumſtances. This, after a few times trial, commonly cauſes an abatement of the itching, and an incipient deſquammation of the leprous eruption, and of conſequence renders the ſkin ſofter and more pliable. This courſe is accompanied with a direction to drink the waters, which at a medium are taken in the quantity of about a pint daily, and are thought thus to ſecond the good effects of the bath, by promoting an eaſy and gentle perſpiration. If the amendment appears to proceed according to expectation, no other medicines are given, but occaſionally ſuch as are opening, if the body be coſtive.*"

Bathing in ſea-water may be mentioned as a certain auxiliary in the cure of Lepra. It is uſual, and ſeems

* " The whole number of perſons admitted into the Bath hoſpital for this diſeaſe in the ſpace of four years, viz. from June 12, 1775, and their ſtate when diſcharged was as follows:

Whole number admitted — — — —	83
Of whom were cleanſed — — — —	52
Much better — — — —	24
Died of the ſmall-pox — — — —	1
Irregular in behaviour, and diſcharged without a ſufficient trial of the waters — — — —	2
State in which they were diſcharged omitted in the regiſter."	4
	83

proper, firſt to uſe a bath of warm ſea-water, till the ſkin be ſoftened, and the ſcaly incruſtations removed; after which a cure is ſoon obtained, eſpecially in young perſons, by bathing in the open ſea.* As the diſeaſe is apt to recur in winter, or in ſpring, the ſame plan may be requiſite for ſeveral ſucceſſive ſummers; but I have known it, by perſeverance, finally eradicate the complaint.

A ſimple warm bath, along with moderate friction, likewiſe contributes to remove the ſcales and to produce a ſoft, red ſkin, which, in time, regains the uſual colour and texture. This plan is ſufficient in the ſlighter caſes of Lepra, without the uſe of internal remedies. If the diſeaſe affect the extremities only, bathing of the whole body is not neceſſary; it may be enough to apply ſteam, or warm water, frequently to the diſordered parts.

Of the mercurial preparations applied externally, a watery ſolution of ſublimate, and the unguentum hydrargyri nitrati (Ph. Lond.) ſeem moſt efficacious in removing the leprous cruſts, and ſoftening the cuticle: I do not, however, think the latter preferable to the tar-ointment which Dr. Willis has ſo juſtly

* Ruſſel. De Aquæ Marinæ uſu. Pag. 37.

recom-

recommended*. This may be uſed in the forms mentioned by him, or as prepared in the London Diſpenſatory. It ſhould be well rubbed upon the parts affected every night, and carefully waſhed off, the following morning, with warm water, or with a ſlight alcaline lotion. Beſides removing the ſcales, and ſoftening the ſkin, it has a powerful effect in allaying that troubleſome itching which often attends the diſeaſe.

For the Lepra, when confirmed and inveterate, a variety of internal remedies has been employed, or recommended by medical writers, reſpecting ſome of which I have had occaſion to remark;

1ſt, That antimonials, ſulphur, and nitre, have not alone any conſiderable efficacy.

2dly, That decoctions of emollient herbs, of guaiacum-wood, ſarſaparilla†, mezereon, or of elm-bark‡, which have been recommended as ſpecifics, by no means deſerve that character.

3dly, That calomel, hydrargyrus calcinatus, pilulæ hydrargyri, or mercurial frictions applied ſo as to

* Willis De Medic. Operat. pag. 294.

† Sennertus 5. 1. 28. ‡ Dr. Lyſons.

pro-

produce ſalivation, do not remove the diſeaſe. The only preparation of this mineral which makes any impreſſion on the Lepra, is the ſublimate or hydrargyrus muriatus*. The ſpirituous ſolution of it in ſmall doſes, continued for a length of time, will be found very uſeful; and it's operation is promoted by giving at the ſame time an antimonial, and ſome of the decoctions above mentioned.

4thly, That the nitrous, and marine acids, lately recommended in obſtinate cutaneous eruptions, have been given in the Lepra during three or four ſucceſſive months, without any manifeſt advantage. I have often, however, experienced the moſt beneficial effects in this diſeaſe from a medicine of an oppoſite quality, the cauſtic alcali, or aqua kali puri of the Diſpenſa-

* "The acrid mercurial preparations have been much in uſe in this diſeaſe. The ſolution of corroſive ſublimate, both that in water, and that in ſpirits, have been given, and continued a long time, and joined with decoction of the woods, and of ſarſaparilla. I am inclined to think ſome conſiderable advantage muſt formerly have been believed, at leaſt, to have been produced by the uſe of ſuch preparations; as the name of guttæ ad Lepra was affixed to a ſolution of this kind in the old pharmacopœia of the hoſpital; and I have been told, by perſons whoſe obſervation I could not but reſpect, that in ſome obſtinate caſes they had ſeen much advantage from ſuch a courſe continued for ſome time. I cannot, however, affirm the ſame from my own experience, though I do not mean to deny it altogether."

Dr. Falconer, p. 375.

tory.

tory. The doſe of it is about thirty drops, which may be given thrice a day, in a cupful of any mild fluid.

Several other remedies are mentioned by authors, of which it may be neceſſary to take ſome notice.

Black and white hellebore were much employed in ancient practice for the Lepra, Elephantiaſis, and other diſeaſes of the ſkin. More eſpecially the roots of the black hellebore were uſed, in combination with water, wine, or honey. The modes of preparing it, the proper doſes, and other particulars, are related at large by Oribaſius; Medicin. Collect. lib. 7. & lib. 8. ch. 3—6. This remedy has been commonly given as a purgative, and acts as ſuch with great violence. I have occaſionally preſcribed, in caſes of Lepra, and other ſcaly diſeaſes, the tincture of black hellebore, regulating it's doſes ſo as not to diſorder the bowels, and think it has ſome efficacy, though not ſuperior to that of the mineral remedies already mentioned.

The fleſh of vipers was given for the Elephantiaſis by Galen, and others, and has been recommended in the ſcaly Pſora, and Lepra. Oribaſius obſerves, that "Viper's fleſh is of a drying, moderately heating, and powerfully reſolving quality: it's operation is exerted more

more eſpecially on the ſkin; through which it expels recremental ſubſtances from the body: ſcales ſeparate from the ſkin; and there is a renovation of the cuticle, wherein Pſora, Lepra, and Elephantiaſis are for the moſt part ſeated*". This is alſo confirmed by Platerus, Turner, Sauvage and Bertrandi, and by ſome others who profeſs to have made actual experiments on the ſubject. They did not employ the fleſh of vipers, but the dried powder, or a decoction of them. Perhaps we ſhall be diſpoſed to diſtruſt their account, when we read in them at the ſame time, that equal advantages accrue to the patient from living on pullets fed with viper's fleſh†.

Tincture of cantharides has been often preſcribed for the Lepra Græcorum, as on the authority of Dr. Mead‡, who, however, only recommends it in caſes of Ele-

* De Virtute Simplic. lib. 2.

† Æger prandio & cænâ comedet pullum gallinaceum ſequenti modo ſaginatum. Viperæ viventes, abſciſſis capite & caudâ, pelle nudatæ, exenteratæ in fruſtula diſſecentur, & cum hordei probe mundati manipulis duobus vel tribus, bulliant in aquâ donec hordeum rumpatur, fiatque paſta qua pulli alantur, qui igne aſſi ægro comedendi ſunt. De Morb. Cutan. a Medico Monſpelienſi. Pag. 304.

‡ Med. Sacr. pag. 24.

phantiaſis,

phantiaſis, or Leproſy of the Arabians. I have given it in the Alphos, and combined it with Peruvian bark for the Lepra nigricans, without any manifeſt advantage. Dr. Falconer ſays, "The tincture of can-"tharides has not anſwered to the character given of it. "I have ſeveral times tried it without being able to "perceive any effect worth remarking from it: it did "not even appear to ſhew any effect as a diuretic."

Cucumbers have been conſidered as uſeful in Lepra and other ſcaly diſeaſes of the ſkin. Heurnius (Comment. in Hip. Aph. 20. L. 3.) has endeavoured to demonſtrate their utility by an account of a particular caſe. Cuidam nobili viro huic morbo implicito, ſecui venam, præparavi, purgavi, tandem helleboro albo uſus; topica præclara admovi; theriaca pugnavi—omnia fruſtra. Tandem uſu cucumerum evaſit. His conditis etiam utebatur toto anno. Dr. Willis (de Medicam. operat. ſect. 3. ch. 7.) confirms the above teſtimony, and adviſes the uſe of cucumbers preſerved in vinegar: he alſo recommends a watery infuſion of them when cut in ſlices, or a decoction of the leaves and fruit for a diet drink.

Another remedy for the Lepra is mentioned as infallible by Marcellus (de Medicamentis, cap. 19.) Herba quæ Britannice dicitur cibo vel potui ſumpta,

intra diem ſextum Lepræ moleſtiam tollit. The plant deſcribed, under this title, by Dioſcorides, and by ſome of the Greek phyſicians*, was probably not the ſame as that with which the Roman troops became acquainted during their encampment in Frieſland under Cæſar Germanicus†, and which was employed for the cure of Scurvy, &c. Notwithſtanding the laborious inveſtigations of Muntingius, and his endeavour to reconcile the Greek and Roman writers on the ſubject, it ſeems clear that the Britannica of Pliny and Marcellus was one of the ſpecies of Cochlearia. On this point the obſervations of Lobel deſerve attention. Qui Friſiam Cochleariam antiquorum Britannicam profitentur, commodius ſuam opinionem tuerentur ſi ſcirent in Anglia ad amœniſſimi Thameſis fluenta, qua Londinum præterlapſus eſt, etiamque in Briſtoiæ ſinu occidui oceani, quo allidunt per ſtata incrementa undæ, aliam eſſe congenerem et ſimilem illi, flore, ſemine, et ſapore; ſed foliis non æque umbilicatis, aut cochleatis, potius atriplicem, aut Lapa-

* In Dioſcorides, Apuleius, Neophytus, &c. the Britannica is confounded with Betonica. See Dodonæi Herbar. Magn.

† Friſii, qua caſtra erant, noſtris demonſtravere illam. Plin. Nat. Hiſt. lib. 25. cap. 3. Britannica ex oceani inſulis extra terram poſitis portatur. Lib. 26. cap. 1. Pliny, who deſcribes this plant as having black leaves, and a black root, had perhaps only ſeen it when dried, and long kept.

thiolum

thiolum effigiantibus, unciam latis, inque ſeſquiunciæ aut unciarum duarum longitudinem porrectis, craſſis denſis, et ſucculentis; guſtu et colore alterius cochleariæ; radice majore, ut qualibet ſui parte, minus tamen aſtringente, nec commoda ad ea quæ ſuæ Britannicæ Dioſcorides attribuit; tametſi, æque ut ſuperior, laudata ad ſtomacacen, et ſcorbutum; quibus vehementer afflictos ægros aliquot hujus ope jutos vidimus ſuperiore vere.

Lobelii Stirp. Adverſar. nova. P. 121. De Cochlearia Anglica.

Dr. Crichton, phyſician of the Weſtminſter Hoſpital, has favoured me with the following particulars reſpecting the uſe of Solanum Dulcamara, or Bitter ſweet in the cure of Lepra.

"It is now upwards of ſeven years ſince I firſt tried the Dulcamara for the cure of obſtinate diſeaſes of the ſkin. I was induced to do ſo by the peruſal of a ſhort, but well written practical eſſay on the ſubject by the learned Profeſſor of Botany in the univerſity of Goettingen, Dr. Althoff. This gentleman relates ten caſes of cutaneous eruption, which he deſcribes as analogous to the itch, but not the true itch, all of which were cured by this remedy. He confeſſes, at the ſame time, that it failed in a number of others.

Profeſſor Althof, and the other German phyſicians who employ it, ſeem to have taken their hint concerning it from the eſſay of Monſ. Carrere on the Dulcamara.

" Out of twenty-three caſes of Lepra Græcorum, in which I have tried it, two only have reſiſted it's action. All the others were completely cured. That I was not miſtaken in the nature of the complaint you yourſelf can teſtify, as you have ſeen two or three of the caſes alluded to, and in all the others the appearance of the diſeaſe was ſimilar.

" The true Lepra is the only diſorder of the ſkin in which I would venture to aſſert the Dulcamara will generally effect a cure. Next to Lepra it appears to me to do moſt good in Pſoriaſis and Pityriaſis. As to Rheumatiſm, for which it has been ſo highly praiſed by Boerhaave, Sauvage, Carrere, Werlhof and others, I have not found it at all equal to the remedies which are generally employed in this country for the removal of that painful and troubleſome diſorder. I exhibit the Dulcamara as follows:

" R. Stipitum Dulcamaræ unciam j.
" Aquæ puræ libram iſs: decoque ad libram j; et
" liquorem frigefactum cola.

" Of

"Of this decoction I generally desire the patient to take two ounces, at first, every morning, noon and evening; but I afterwards increase the quantity until the pint is consumed every day. At the same time I order the patient to wash the skin with a stronger decoction, which greatly accelerates the cure. The remedy seldom begins to exhibit any evident good effects for the first eight days.

"It ought to be remarked that the Dulcamara, when first exhibited to very delicate people, and hysterical women, often produces syncope and slight palpitation of the heart, now and then nausea and giddiness; these symptoms always shew that the quantity exhibited is too large. If a smaller dose be given, and any aromatic tincture added to it, such as the compound spirit of lavender, it ceases to produce such uneasy symptoms."

None of the remedies above mentioned are applicable for the cure of the Lepra nigricans. This form of the disease requires, in the first place, a regular, and nutritive plan of diet, with moderate exercise: it may be afterwards wholly removed by the use of bark, and the mineral acids, sea-bathing, &c.

ORDER II.

II. PSORIASIS; DRY or SCALY TETTER.

TWO very different diſeaſes are deſcribed under the title of Pſora, by the Greek phyſicians; the one puſtular at it's commencement, but terminating in ſuperficial ulcerations, and under ſome forms contagious, termed ψωρα ἑλκωδης*, ulcerated Pſora; the other ſcaly or cruſtoſe, denominated ſimply Pſora, or ſometimes rough Pſora, leprous Pſora,† &c. As the latter is never contagious, and does not agree, either in it's appearances or tendency, with the ulcerated Pſora, it ſhould, in ſtrict propriety, be disjoined from that, and every other puſtular complaint.‡ I ſhall

* Galen. Introductio. & de Diff. Pulſ. 4. 1. Ariſtot. Problem. ſect. 7. Aet. Tetrabibl. 4. 1. 126 & 127. Oribaſ. Synopſ. 7. 8. Paul. Æg. 4. 2. Actuar. Meth. Med. 1. 23. Jul. Polluc. Onomaſticon. cap. 25. § 3.

† Ψωρα τραχυλερα, λεπρωδης, τυλωμενη, &c. See Aet. 4. 1. 130. 134. & 127. Galen. de Med. fac. lib. 11. & Comment. in lib. 6. Epidem. & Aph. 77. lib. 4, &c.

‡ See Pringle on the Diſeaſes of the Army, part 3. chap. 8.

there-

therefore refer the Pſora ἑλκωδης to a ſubſequent order of Cutaneous Diſeaſes†; and think it alſo neceſſary, in the preſent ſeries of them, to expreſs the ſcaly Pſora by a diſtinctive appellation: for this purpoſe, the term PSORIASIS‡, which the Greek writers themſelves employ, ſeems in all reſpects ſuitable. The diſeaſe to be thus entitled is characterized by a rough, and ſcaly ſtate of the cuticle, ſometimes continuous; ſometimes in ſeparate patches, of various ſizes, but of an irregular figure, and for the moſt part accompanied with rhagades or fiſſures in the ſkin. From the Lepra it may be diſtinguiſhed not only by the different form, and diſtribution of the patches as formerly ſtated from the Greek writers (ſee page 120); but alſo by it's ceſſation and recurrence at certain ſea-

† GEN. Impetigo.

‡ Ψωριασις is more eſpecially applied to expreſs a ſcalineſs of the eyelids, and corners of the eyes: alſo a rough, and ſcaly ſtate of the ſcrotum, attended with great itching, and occaſionally with excoriation. Galen de Oculo, cap. 7, and Definit. Med. The bladder was ſuppoſed by the ancients to be affected internally with Lepra or Pſoriaſis, when the urine was thin and acrimonious, and depoſited a flocculous, or branny ſediment: ſee Hippoc. Epid. 5. ſect. 7. & De Natur. Hom. ſect. 3. Alex. Trallian. lib. 9. cap. 7, &c. Since the term Pſoriaſis, in all the above inſtances, implies an appearance of ſcales, it may be allowable to expreſs other forms of the ſcaly Pſora under the ſame generic title.

ſons,

ſons of the year, and by the diſorder of the conſtitution with which it is uſually attended.

Celſus has given a brief deſcription of the Pſoriaſis, which he conſiders as a ſpecies of Impetigo. "Alte-
"rum genus eſt pejus, et ſimile papulæ fere, ſed aſpe-
"rius, rubicundiuſque, figuras varias habens: ſqua-
"mulæ ex ſumma cute decidunt; roſio major eſt;
"celerius, et latius procedit, certioribuſque, quam
"prior, temporibus, et ſit, et deſinit: Rubra cogno-
"minatur." De Medicina, lib. 5. cap. 28.

The Pſoriaſis is ranked by the Arabians along with the Lichen, Pſora, and Lepra Græcorum, under the title of Uſagro, tranſlated Impetigo and Serpedo. It is deſcribed by Serapion, as "an eruption of Bothor
"(Papulæ) in various figures, attended with roughneſs,
"itching, chaps, &c. and with an appearance of branny
"ſcales." According to Haly Abbas; "Serpedo eſt
"aſperitas quæ in ſuperficie accidit cutis, et ad nigre-
"dinem declinat, aliquando ad ruborem. Petiginis
"autem chronicæ et diuturnæ in qua non excoriatur
"cutis, ſigna ſunt, quod in profundo eſt membri, et
"ſquamulæ ab ea tolluntur rotundæ quales piſcium
"videmus ſquamas."*

* Theorice, lib. 8. capit. 16. Compare Serapion Breviar. Tr. 5. cap. 4.

Before

Before I proceed to a particular account of this complaint, it is proper to remark that the ſame has been deſcribed by ſome medical writers under the denomination of Pſora or Scabies ſicca*, by others under that of Impetigo†.

It might be poſſible to comprize in a connected detail all the forms of Pſoriaſis‡; but as the appearances it aſſumes are very different, I think ſome advantage will ariſe from diſtinguiſhing them by different titles; and ſhall therefore deſcribe the moſt ſtriking varieties, which I have remarked, under the

* Mercurialis, Hafenreffer, Platerus, Etmuller, and Hoffman. The laſt author likewiſe terms it Scabies ferina, Impetigo, and Pſora leproſa.

† Manardus, Fernelius, Amatus, Sennertus, Willis, Lommius, Harduinus, Heurnius, Plenck, &c.

‡ Dr. Willis has endeavoured to execute this plan in his treatiſe De Medicam. Operat. c. 7. ſ. 3. He obſerves, in his preface to it, Quum affectûs hujus appellationes variè confundantur, et forſan quoad naturam et rationem ejus formalem in diverſis regionibus diverſimode habuerit, neque prorſus idem ſit in noſtro hoc ſeculo ac fuit olim; idcirco non ex libris, ſed ex propriâ ægrotantium obſervatione, morbum hunc deſcribere ſatagam.

It is, however, neceſſary to remark that the Lepra vulgaris and Alphos are included in Willis's deſcription.

denominations of Pſoriaſis guttata, Pſoriaſis diffuſa, Pſoriaſis gyrata, Pſoriaſis palmaria, Pſoriaſis labialis, Pſoriaſis infantilis, Pſoriaſis inveterata. A general view of the cauſes of this diſeaſe, and of the remedies for it will be ſufficient.

I begin with the PSORIASIS GUTTATA, as moſt nearly allied to the Lepra vulgaris and Alphos.

This complaint appears in ſmall, diſtinct, but irregular patches of laminated ſcales, with little or no inflammation round them. The patches very ſeldom extend to the ſize of a ſix pence: they have not an elevated border, nor the oval or circular * form by which all the varieties of Lepra are diſtinguiſhed; but their circumference is ſometimes angular, and ſometimes goes into ſmall ſerpentine proceſſes. PL. XI. Fig. 1. The ſcale formed upon each of them is thin, and may be eaſily detached, leaving a red, ſhining baſe. The patches are often diſtributed over the greateſt part of the body, but more particularly on the back part of the neck, the breaſt, arms, loins, thighs and legs. They appear alſo on the face, which rarely happens in Lepra: in that ſituation they are red, and more

* Verum non ſemper ſunt rotundæ, vel formæ regularis, ſed variiformes exiſtunt. WILLIS.

rough

rough than the adjoining cuticle, but not covered with ſcales.

The Pſoriaſis guttata often appears on children in a ſudden eruption, attended with a ſlight diſorder of the conſtitution, and ſpreads over the body within two or three days. In adults it commences with a few ſcaly patches on the extremities, proceeds very gradually, and has a longer duration than in children. It's firſt occurrence is uſually in the ſpring ſeaſon, after violent pains in the head, ſtomach, and limbs: during the ſummer it diſappears ſpontaneouſly, or may be ſoon removed by proper applications; but it is apt to return again early in the enſuing ſpring, and continues ſo to do for ſeveral ſucceſſive years. When the ſcales have been removed, and the diſeaſe is about to go off, the ſmall patches have a ſhining appearance; and they retain a dark red, intermixed with ſomewhat of a bluiſh colour, for many days, or even weeks before the ſkin is reſtored to it's uſual ſtate.

In the Venereal Diſeaſe there is an eruption which very much reſembles the Pſoriaſis guttata, the only difference being a ſlighter degree of ſcalineſs, and a different ſhade of colour in the patches, approaching to a livid red, or very dark roſe colour. PLATE XVI. Fig. 1. The patches vary in their extent from the ſection of

pea, to the ſize of a ſilver penny, but are not exactly circular. They riſe at firſt very little, if at all above the cuticle: as ſoon, however, as the ſcales appear on them they become ſenſibly elevated; and ſometimes the edge or circumference of the patch is higher than the little ſcales in it's centre. This eruption is uſually ſeen upon the forehead, breaſt, between the ſhoulders, or in the inſide of the forearms, in the groins, about the inſide of the thighs, and upon the ſkin covering the lower part of the abdomen*.

*When mercury is adminiſtered, the little ſcales are ſoon detached and fall off; but the diſcolouration ſtill remains, though it becomes gradually fainter as the mercurial courſe proceeds; and ſome veſtiges of the cutaneous affection uſually appear for two or three weeks after all the venereal ſymptoms have been removed. For a much longer period there will be ſeen a ſmall depreſſion or cicatrix of a white colour, at the points which conſtituted the centres of the patches.

This kind of eruption exhibits a whitiſh appearance on the ſkin of the negro; and when deſquamation has taken place, it leaves the ſurface of a darker colour than the ſurrounding parts: this blackneſs diſappears

* J. Pearſon.

more

more ſlowly than the copper colour from the ſkin of an European affected with the diſeaſe.

The Syphilitic Pſoriaſis guttata is attended with, or ſoon followed by, an ulceration of the throat. It appears about ſix or eight weeks after a chancre has been healed by an ineffectual courſe of mercury: a ſimilar appearance takes place at nearly the ſame period, in ſome caſes where no local ſymptoms had been noticed. When a venereal ſore is in a diſcharging ſtate, this eruption, or other ſecondary ſymptoms often appear much later than the period above mentioned. They may alſo be kept back three months, or even longer, by an inefficient application of mercury. If no medicines be employed, the ſyphilitic form of the Pſoriaſis guttata will proceed during ſeveral months, the number of the ſpots increaſing, and their bulk being ſomewhat enlarged, but without any other material alteration.

2. The PSORIASIS DIFFUSA ſpreads into large patches irregularly circumſcribed, reddiſh, rough, and chappy, with ſcales interſperſed *. It commences,

* Cognoſcitur morbus, quòd cutis dura, ſicca, aſpera, et quaſi ſquammoſa redditur: adeſt pruritus; et malum indies latiùs ſerpit, et ab exiguo initio ſeſe latè diffundit. Sennert. Med. Pract. 5. 1. 30. De Impetigine. Compare Plater, tom. 2. cap. 17.

in

in general, with numerous minute aſperities, or elevations of the cuticle more perceptible by the touch, than by ſight. Upon theſe, ſmall, diſtinct ſcales are ſoon after formed, adhering by a dark central point, while their edges may be ſeen white and detached. In the courſe of two or three weeks all the intervening cuticle becomes rough, and chappy, appears red, and raiſed, and wrinkled, the lines of the ſkin ſinking into deep furrows. The ſcales which form among them are often ſlight, and repeatedly exfoliate. See Pl. xii. Fig. 1. Sometimes without any previous eruption of papulæ, a large portion of the ſkin becomes dry, harſh, cracked, reddiſh, and ſcaly, as above deſcribed. In other caſes the diſorder commences with ſeparate patches of an uncertain form and ſize, ſome of them being ſmall, like thoſe in the Pſoriaſis guttata, ſome much larger. See Pl. xi. Fig. 2. The patches gradually expand till they become confluent, and nearly cover the part or limb affected. Both the Pſoriaſis guttata, and diffuſa likewiſe occur as a ſequel of the Lichen ſimplex. This tranſition takes place more certainly after frequent returns of the Lichen. See page 44.

The parts moſt affected by the Pſoriaſis diffuſa are the cheeks, chin, upper eye-lids, and corners of the eyes,

eyes, the temples, the external ear, the neck, the fleſhy parts of the lower extremities, and the forearm from the elbow to the back of the hand along the ſupinator muſcle of the radius: the fingers are ſometimes nearly ſurrounded with a looſe, ſcaly incruſtation; the nails crack and exfoliate ſuperficially. The ſcaly patches likewiſe appear, though leſs frequently, on the forehead and ſcalp, on the ſhoulders, back, and loins, on the abdomen, and inſtep. This diſeaſe occaſionally extends to all the parts above-mentioned, at the ſame time: but in general it affects them ſucceſſively, leaving one place free, and appearing in others, ſometimes again returning to it's firſt ſituation.

The Pſoriaſis diffuſa is attended with a ſenſation of heat, and with a very troubleſome itching, eſpecially at night: it exhibits ſmall, ſlight, diſtinct ſcales, having leſs diſpoſition than the Lepra to form thick cruſts. (Def. 2.) The chaps or fiſſures in the ſkin, which uſually make a part of this complaint, are very ſore and painful, but ſeldom diſcharge any fluid. When the ſcales are removed by frequent waſhing, or by the application of unguents, the ſurface, though raiſed and uneven, appears ſmooth and ſhining: and the deep furrows of the cuticle are lined by a ſlight ſcaline-

ſs.

lineſs. Should any portion of the diſeaſed ſurface be forcibly excoriated, there iſſues out a thin lymph mixed with ſome drops of blood *, which ſlightly ſtains, and ſtiffens the linen, but ſoon concretes into a thin dry ſcab: this is again ſucceeded by a white ſcalineſs gradually increaſing, and ſpreading in various directions. As the complaint declines, the roughneſs, chaps, ſcales, &c. diſappear: and a new cuticle is formed, at firſt red, dry, and ſhrivelled, but which, in two or three weeks, acquires the proper texture.

Symptoms of general diſorder attend the firſt appearance of the Pſoriaſis diffuſa, as head-ach, inappetence, pain or ſickneſs at ſtomach; pains, cramps and coldneſs of the extremities, with a ſenſe of univerſal languor, and debility. During the progreſs of the eruption, theſe ſymptoms abate, or wholly diſappear; but they, for the moſt part, precede any returns of the complaint, which uſually take place in winter, or early in the ſpring. The duration of the Pſoriaſis diffuſa is from one to four months. If, in ſome conſtitutions, it does not then diſappear, but becomes to a certain degree permanent, there is at leaſt an aggravation, or

* See Plenck, Doctr. de Morb. Cutan. Pag. 87.

exten-

extenſion of it, about the uſual periods of it's return. In other caſes, the diſeaſe, at the vernal returns, differs much as to it's extent, and alſo with reſpect to the violence of the preceding ſymptoms. The eruption is, indeed, often confined to a ſingle ſcaly patch, red, itching, and chapped, of a moderate ſize, but irregularly circumſcribed. This ſolitary patch is ſometimes ſituated on the temple, or upper part of the cheek; frequently on the breaſt, the calf of the leg, about the wriſt, or within and a little below the elbow joint; but eſpecially at the lower part of the thigh, behind. It continues in any of theſe ſituations ſeveral months, without much obſervable alteration.

The complaint denominated with us the BAKER'S ITCH is an appearance of the Pſoriaſis diffuſa on the back of the hand, commencing with one, or two ſmall, rough, ſcaly patches, and finally extending from the knuckles to the wriſt. The rhagades, or chaps and fiſſures of the ſkin, are numerous about the knuckles, and ball of the thumb, and where the back of the hand joins the wriſt. They are often highly inflamed, and painful, but have no diſcharge of fluid from them. The back of the hand is a little raiſed or tumefied, and, at an advanced period of the diſorder, exhibits a reddiſh, gloſſy ſurface, without cruſts, or numerous ſcales. PL. XIII. However, the deep furrows of

the cuticle are, for the moſt part, whitened by a ſlight ſcalineſs. This complaint is not general among bakers: that it is only aggravated by their buſineſs, and affects thoſe who are otherwiſe diſpoſed to it, may be concluded from the following circumſtances. 1. It diſappears about midſummer, and returns in the cold weather at the beginning of the year. 2. Perſons conſtantly engaged in the buſineſs, after having been once affected with the eruption, ſometimes enjoy a reſpite from it for three or four years. 3. When the buſineſs is diſcontinued the complaint does not immediately ceaſe.

The Grocer's Itch has ſome affinity with the Baker's Itch or Tetter; but, being uſually a puſtular diſeaſe at it's commencement, it properly belongs to another genus.

Waſherwomen, probably from the irritation of ſoap, are liable to be affected with a ſimilar ſcaly diſeaſe on the hands and arms, ſometimes on the face and neck, which, in particular conſtitutions, proves very troubleſome, and of long duration. The diſorder is repreſented Pl. xii. Fig. 2. as it uſually appears, with the ſcales ſeparating in large, circular flakes. In other inſtances, they have ſomewhat of a quadrangu-

lar

lar figure, being formed by deep cuticular furrows interſecting each other nearly at right angles.

The Venereal diſeaſe rarely aſſumes the form of the Pſoriaſis diffuſa. Such an appearance does, however, ſometimes occur, as in the ſpecimen exhibited Pl. xvi. Fig. 2. but it is perhaps uſually conſtituted by an enlargement or conſluence of the patches in the ſyphilitic form of the Lepra, or Pſoriaſis guttata (Pag. 153.) when their progreſs has not been interrupted by a medicinal plan. I have never yet ſeen any eruption like the Alphos in venereal caſes: but theſe often exhibit larger, ſcaly circles, reſembling the patches in the Lepra vulgaris or nigricans. With the latter ſpecies the Venereal Lepra agrees in reſpect to it's colour, but it differs from both in not having a hard, ſcaly rim around the patches, and in never having theſe covered with thick incruſtations. The dryneſs, and harſhneſs of the ſkin, ſo remarkable in the Alphos, and Lepra vulgaris, do not take place in the venereal Lepra, the patches of which are as ſoft, and pliable as other parts of the cuticle, when the diſeaſe is ſomewhat advanced. * It is, however, proper to obſerve that every patch originates from a ſmall reddiſh papula, or tubercle, Pl. 10. a a. a little elevated above the ſurface of the

* J. Pearſon, ſurgeon.

ſkin, and ſenſibly hard, when the finger is paſſed over it. As this diſeaſe advances the enlarging circumference is not attended with a proportionate elevation of the patch; but it's ſides are ſomewhat more raiſed, or prominent than the centre, which appears flattened, and is at the ſame time covered with thin, white ſcales, B B B. The patches are generally diſtinct, and at a diſtance from each other: I have ſeldom ſeen any of them exceed the ſize of a ſhilling; yet it is probable they might acquire a greater magnitude, if the progreſs of the diſeaſe were not early arreſted by the uſe of mercury. When the conſtitution is under the full influence of this remedy, the ſides of the patch ſhrink, and become paler c.c.c.; the centre is alſo depreſſed D.D.; but the deſquamation proceeds ſlowly; and it requires a perſeverance in the courſe for ſix or eight weeks before the diſeaſe can be removed. A circular red ſpot uſually appears for ſome time in the place of each declining patch, and in the centre of each is left a minute, ſhallow depreſſion like a cicatrix: there does not, however, remain any permanent diſcolouration of the ſkin, as in ſome other caſes. The Leprous form of the Syphilis takes place, like other venereal eruptions, at no certain period after infection: neither does it require any mode of treatment peculiar to itſelf. If no medicines were applied, it is probable the diſeaſe would finally terminate in ulcerated blotches*.

3. The

3. The PSORIASIS GYRATA is diſtributed in narrow patches or ſtripes, variouſly figured: ſome of them are nearly longitudinal; ſome circular, or ſemicircular with vermiform appendages; ſome are tortuous, or ſerpentine; others like earth-worms or leeches: the furrows of the cuticle being deeper than uſual, make the reſemblance more ſtriking, by giving to them an annulated appearance. There is a ſeparation of ſlight ſcales from the diſeaſed ſurface, but no thick incruſtations are formed. The uniform diſpoſition of theſe patches is ſingular: I have ſeen a large circular one ſituated on each breaſt above the papilla; and two or three others of a ſerpentine form, in analogous ſituations along the ſides of the cheſt. The back is often variegated in like manner, with convoluted tetters ſimilarly arranged on each ſide of the ſpine. They likewiſe appear in ſome caſes on the arms and thighs, interſecting each other in various directions. A ſlighter kind of this complaint affects delicate young women and children in ſmall ſcaly circles or rings, little diſcoloured: they appear on the cheeks, neck, or upper part of the breaſt, and are moſtly confounded with the herpetic, or puſtular ringworm.

The Pſoriaſis gyrata has it's remiſſions, and returns, like the Pſoriaſis diffuſa; it alſo exhibits, in ſome caſes,

caſes, patches of the latter diſorder on the face, ſcalp, or extremities, while the trunk of the body is chequered with the ſingular figures above deſcribed.

In the coloured repreſentation of the Pſoriaſis gyrata PL. XIV. only the ground of the tetters appears, the ſcales having been every where removed, excepting at the hindhead, and neck.

An appearance of the venereal diſeaſe ſomewhat analogous to that of the Pſoriaſis gyrata is repreſented PL. XVI.* in which ſeveral of the tetters have the form of a creſcent, a horſe-ſhoe, or of the figure 8; others are in rings, either oval, or circular, the central part being neither ſcaly, nor diſcoloured. Small ſcales ſeparate, in repeated ſeries, from the rings, which, in their denuded ſtate, exhibit the dark-red ground uſual in venereal eruptions. The rings, creſcents, &c. conſtituting this diſorder, are ſometimes, at their firſt appearance, compoſed of ſmall dark-coloured papulæ, reſembling thoſe deſcribed under the article of Lichen ſyphiliticus (Pag. 56.): ſometimes alſo the ſcalineſs is preceded by an exanthema (Def. VI.) conſiſting of patches, diffuſed in the ſame kind of figures over the face, limbs, and different parts of the body. This raſh continues more or leſs vivid for many weeks, or even months, before deſquammation com-

commences: it is always attended with febrile ſymptoms, head ach, emaciation and violent pains of the limbs.

When this form of the venereal diſeaſe has ſubſiſted a long time without any check from medicines, the diameters of the circles, &c. enlarge conſiderably: the ſcaly rings are at length formed into ſuperficial ulcerations, comprizing a circular area of ſound ſkin two inches or more in diameter, on which the ulcerations do not encroach; but they frequently ſpread outwards to the breadth of half an inch or an inch. Theſe ulcerated rings take place between the ſhoulders, upon the back, and ſometimes on the ſkin covering the abdomen: more rarely, I think, on the arms and legs.

4. Psoriasis palmaria. One very obſtinate ſpecies of tetter is nearly confined to the palm of the hand. It commences with a ſmall, harſh, or ſcaly patch, which gradually ſpreads over the whole palm, and ſometimes appears in a ſlighter degree on the inſide of the fingers, and wriſt. (See Pl. xv.) The ſurface feels rough from the detached, and raiſed edges of the ſcaly laminæ: it's colour often changes to brown, or black, as if dirty; yet the moſt diligent waſhing produces no favourable effect. The cuticular furrows

furrows are deep, and cleft at the bottom longitudionally in various places, ſo as to bleed on ſtretching the fingers. A ſenſation of heat, pain, and ſtiffneſs in the motions of the hand attends this complaint: it is worſt in winter or ſpring, and occaſionally diſappears in autumn or ſummer, leaving a ſoft, dark red cuticle: but many perſons are troubled with it for a ſeries of years, experiencing only very ſlight remiſſions. Every return, or aggravation of it is preceded by an increaſe of heat, and dryneſs, with intolerable itching.

Shoemakers have the Pſoriaſis palmaria locally, from the irritation of the wax they ſo conſtantly employ. In braziers, tinmen, ſilverſmiths, &c. the complaint ſeems to be produced by handling cold metals. A long prediſpoſition to it from a weak, languid, hectical ſtate of the conſtitution may give effect to different occaſional cauſes. I have obſerved it in women after lying in: in ſome perſons it is connected or alternates with arthritic complaints.

When the palms of the hand are affected as above ſtated, a ſimilar appearance often takes place on the ſoles of the feet; but with the exception of rhagades, or fiſſures, which ſeem leſs liable to form there, the feet being uſually kept warm and covered. Sometimes

times alſo the Pſoriaſis palmaria is attended with a thickneſs of the præputium, with ſcalineſs, and painful cracks. Theſe ſymptoms at length produce a phymoſis, and render connubial intercourſe difficult, or impracticable: ſo great, in ſome caſes, is the obſtinacy of them, that remedies are of no avail, and the patient can only be relieved by circumciſion. This affection of the præputium is not exactly ſimilar to any venereal appearance; but rhagades or fiſſures, and indurated patches within the palm of the hand, take place in Syphilis, and ſomewhat reſemble the Pſoriaſis palmaria. The venereal patches are, however, diſtinct, white, and elevated, having nearly the conſiſtence of a ſoft corn. From the rhagades there is a ſlight diſcharge, very offenſive to the ſmell. The ſoles of the feet are likewiſe in this caſe affected with the patches, not with rhagades. When the diſeaſe yields to the operation of mercury, the indurated portions of cuticle ſeparate, and a ſmooth, new cuticle is found formed underneath. The fingers and toes are not affected with the patches, &c. in venereal caſes.

5. Psoriasis labialis. The Pſoriaſis ſometimes affects the prolabium without appearing on any other part of the body. It's characteriſtics are, as uſual, ſcalineſs intermixed with chaps, and fiſſures of the ſkin. The ſcales are of a conſiderable magnitude, ſo

that their edges are often looſe while the central points are attached. A new cuticle gradually forms beneath the ſcales, but is not durable: in the courſe of a few hours it becomes dry, ſhrivelled, and broken; and, while it exfoliates, gives way to another layer of tender cuticle, which ſoon in like manner periſhes. Theſe appearances ſhould be diſtinguiſhed from the ſlight chaps, and roughneſs of the lips produced by very cold or froſty weather, but eaſily removed. The Pſoriaſis labialis may be a little aggravated by froſt, or ſharp winds, yet it receives no material alleviation from an oppoſite temperature: it is not indeed confined within any certain limit, or period of duration, having in ſeveral inſtances been protracted through all the ſeaſons. The under lip is always more affected than the upper: and the diſeaſe takes place more eſpecially in thoſe perſons whoſe lips are full, and prominent.

6. Psoriasis scrotalis. The ſkin of the ſcrotum may be affected in the Pſoriaſis diffuſa like other parts of the ſurface of the body: but ſometimes a roughneſs and ſcalineſs of the ſcrotum appears as an independent complaint, attended with much heat, itching, tenſion, and redneſs. The above ſymptoms are ſucceeded by a hard, thickened, brittle texture of the ſkin,

ſkin, and by painful chaps, or excoriations*, which are not eaſy to be healed. This complaint is ſometimes produced under the ſame circumſtances as the Prurigo ſcroti, (ſee pag. 98.) and appears to be in ſome caſes a ſequel of it. A ſpecies of the Pſoriaſis ſcrotalis likewiſe occurs in the Lues venerea, but merits no particular attention, being always combined with other ſecondary ſymptoms of the diſeaſe.

7. Psoriasis infantilis. Infants between the ages of two months and two years are occaſionally ſubject to the Dry Tetter. Irregular, ſcaly patches, of various ſizes, appear on the cheeks, chin, breaſt, back, nates, and thighs: they are ſometimes red, and a little rough, or elevated, ſometimes excoriated, then again covered with a thin incruſtation, and laſtly interſected by chaps or fiſſures. The general appearances nearly coincide with thoſe of the Pſoriaſis diffuſa; but there are ſeveral peculiarities in the tetter of infants which require a diſtinct conſideration;

* Aëtius, (4. 2. 20.) and Galen ſay the Pſoriaſis ſcrotalis is ſometimes attended with ulceration. Ψωριασις εστι σκληροτης τε οσχεε, μετα επιτεταμενε κνησμε, εφ' ὁτε δε μεθ' ἑλκωσεως. Defin. Med.

The Pſoriaſis opthalmica affecting the eyelids externally (Galen de oculo 7.) need not be mentioned ſeparately, as it ſeldom occurs alone, but makes part of a more general complaint; ſee pag. 156.

1. It is, in ſome caſes, ſucceeded by inflamed puſtules, which ſuppurate; (Phlyzacia, Def. 10.)

2. It is attended with an obſtruction, or ſnuffling in the noſtrils, occaſioned by a morbid ſecretion, and by ſcabs formed internally.

3. When the eyelids are affected with this complaint, the hairs of the eyebrows, and the eyelaſhes frequently fall off.

4. The ſcaly patches are interſperſed with ſmooth ſhining elevations of the cuticle, a little flattened at the top, and having a circular or oval baſe. They are ſometimes reddiſh, but as often retain the uſual colour of the ſkin. Many of them undergo no alteration for a length of time: a ſlight ſcale is formed on the reſt. The face, back, breaſt, and extremities are equally liable to be affected with this eruption. It likewiſe appears on the nates, and about the anus. In the laſt ſituation it frequently ſuppurates, and, in every reſpect, ſo much reſembles venereal tubercles, that the moſt accurate eye can ſcarcely make a diſtinction. It is no leſs difficult to diſtinguiſh the general appearance of the Pſoriaſis infantilis from the ſcaly patches which occur in infants as ſecondary ſymptoms of the Lues venerea. The latter are generally accompanied

panied with a ſore throat, and a peculiar hoarſe ſound in the child's crying, which aſſiſts thoſe who are attentive, and experienced in forming a diagnoſis. Though other criteria from external appearances would, in theſe caſes, be particularly deſirable, I am ſorry it is not in my power to eſtabliſh ſuch as are preciſe, and ſatisfactory. I can only therefore recommend to practitioners, not to be too haſty in judging from mere inſpection; and never to decide till they are juſtified in ſo doing by collateral circumſtances.

8. The PSORIASIS INVETERATA* is characterized by an almoſt univerſal ſcalineſs, with a harſh, dry, and thickened ſtate of the ſkin. It commences from a few, irregular, though diſtinct patches on the extremities. Others appear afterwards on different parts, and, becoming confluent, ſpread at length over all the ſurface of the body†, except a part of the face, or

* This complaint was termed by the antients Pſora agria; rough, and inveterate Pſora, &c. See Aët. Tetrabibl. 4. 1. 113. 126. & 130.

† Affectus, niſi per medicinam cohibeatur, in pluribus uſque locis ebulliens, & latiùs ubique ſerpens, tandem haud ſolum membra integra ſed et totum corpus vitiligine leprosâ obducit. Willis de Medic. Operat. pag. 289. 290. Compare Schenckii Obſ. Med. Lib. 5. De Lichene, et Furfuribus; and Riverius, De Impetigine totius cutis, Obſ. Communicat. 39. Hoffman. Supplem. P. 1. pag. 131—2. Ephem. & Act. Nat. Cur. Ann. 2 to 8.

ſometimes

ſometimes the palms of the hands, and ſoles of the feet. The ſkin is red, deeply furrowed, or wrinkled, ſtiff and rigid, ſo as ſomewhat to impede the motion of the muſcles, and of the joints. So quick likewiſe is the production and ſeparation of ſcales, that large quantities of them are found in the bed on which a perſon affected with this diſeaſe has ſlept. They fall off in the ſame proportion by day, and being confined within the linen, excite a troubleſome and perpetual itching. An incruſtation of the ſcalp forms in the manner ſtated under the article of Lepra vulgaris, pag. 114. The nails of the fingers, and toes become convex, and are thickened at their extremities. A frequent renewal of them takes place, the new nails ſoon aſſuming the morbid form*. At their articulations the thumb and fingers are enlarged, and contracted, or in ſome caſes retorted. On the abdomen the ſkin is very red, deeply indented, and brittle: no thick incruſtation forms, but the ſcales appear thin, and ſemitranſparent, peeling off from time to time in large flakes. Painful excoriations are occaſioned by the preſſure of ſome parts of the clothing, or by the attrition of contiguous ſurfaces, as of the nates, groin, thighs, ſcrotum, &c. At an advanced period of the diſeaſe, the

* Oribaſ. Synopſ. lib. 3. & De Virt. Simpl. lib. 2. Aët. Tetrab. 4. 2. 79.

cuticle

cuticle is often more extenſively deſtroyed: I have indeed ſeen all the extremities, the back, and nates, excoriated at the ſame time, with a very profuſe diſcharge of thin lymph from the ſurface*. In the courſe of a few weeks, however, that diſcharge uſually abates, when a new cuticle is formed, of a dry, harſh, or almoſt horny texture, and which from time to time ſeparates in large pieces. The ſame circumſtances are frequently repeated; and the diſeaſe proceeds on without any conſiderable remiſſion † for an indeterminate length of time, eſpecially in old people. Young perſons are not ſo liable to it: nevertheleſs I have ſeen it in ſome under thirty years of age, and in others before the time of puberty ‡, ariſing perhaps from a ſtrong hereditary diſpoſition.

The Pſoriaſis diffuſa after it's annual returns have been frequently repeated, becomes, in many inſtances, permanent, and inveterate § like the diſeaſe above de-

* See Hoffman. tom. 3. pag. 436.

† In aliis verò pleriſque hic morbus continuus nullas inducias concedit; imò nullam remiſſionem vel mediocritatem habet. Willis, pag. 290.

‡ Schenckii Obſ. Med. lib. 5. and Act. Nat. Cur. tom. 1. Obſ. 3.

§ This is one inſtance of the tranſition of Pſora into Lepra, mentioned by the Greek phyſicians, who did not always diſtinguiſh Lepra from the Pſoriaſis invetereta: ſee pag. 122.

ſcribed.

ſcribed. The obſtinate complaint entitled Prurigo ſenilis (ſee pag. 83.) alſo terminates occaſionally in the Pſoriaſis inveterata. A particular caſe of this kind is detailed by Hippocrates, Epidem. lib. 5. *.

The opinion given by Mercurialis†, Sennertus, and others, that the Dry or Scaly Tetter may be communicated by contagion, has been properly corrected by Dr. Willis. "Impetiginis infectio tam rara, aut nulla eſt ut mi-"aſma a viro in uxorem, aut ab hac in illum "aſſidue concumbentibus minime tranſeat." There is perhaps more reaſon in the obſervation made by Hoffmann, that a diſpoſition to the diſeaſe may be tranſmitted hereditarily. "Scabiem præſertim ſiccam in genitos propagari obſervatione non una conſtat." Supplem. 2. P. 1. De affect. hereditar. §. VI. The Pſoriaſis moſt frequently occurs in thoſe who are of a mixed temperament; that is, who have ſome characteriſtics of the ſanguineous temperament combined with others belonging to the melancholic. Perſons of this deſcription have uſually

* Compare Hoffman. tom. 3. pag. 490. &c.

† Proprium eſt Scabiei humidæ ut contagio acquiratur: et quamquam Scabies ſicca poſſit contagio capi, id tamen non adeo frequens eſt.

De Morb. Cutan. lib. 2. cap. 4.

Compare Sennert. de Med. Pract. 5. 1. 28.

a feeble

a feeble and languid, or irregular pulſe. It may be added, that women are much more liable than men to the Scaly Tetter; and particularly thoſe, of the habit above deſcribed, who are weak and irritable. The complaint often affects them ſoon after lying in. It alſo frequently occurs in young females labouring under chloroſis, and proves in that caſe very obſtinate. On the whole, I may venture to ſay that this diſeaſe, when of conſiderable extent, is always connected with ſome diſorder of the conſtitution*. Galen has remarked that ſeveral of the ſcaly diſeaſes of the ſkin originate from the gout and rheumatiſm†. In conformity to this remark, I have ſeen the four firſt ſpecies of Pſoriaſis, and the Pſoriaſis inveterata ſometimes connected, or alternating with arthritic complaints.

Dr. Willis‡, who has given an elaborate hiſtory of the Pſoriaſis, and Lepra conjointly, aſſigns the ſame exciting cauſes for both of them; more eſpeci-

* See Roncalli Hiſt. Morb. p. 33.

† Περι δε το δερμα και τοπως καθ' ολε τε σωματος, λεπρα, ψωρα, αλφος λευκος, αλφος μελας, λειχην απλες, λειχην αγριος, δρακοντιασις, ακροχορδονες, θυμοι, μυρμηκιαι, ηλοι, πωροι——οι μεν εκ ποδαγρας ϗ αρθριτιδος, οι δε και καθ' εαυτες.

Galen. Iſagoge ſect. 17.

‡ Willis, de Medicamentorum operationibus, ſect. 3. cap. 7.

ally, a conſtant diet on dried and ſalted meats, on pork, or cruſtaceous fiſhes, along with the too liberal uſe of acid wines, bad malt liquors, &c. I formerly obſerved that the Lepra can ſeldom be referred to ſuch a plan of diet; and I believe that the Pſoriaſis often originates from occaſional cauſes, which are much ſlighter, or have a more immediate operation. Food difficult of digeſtion, eating too great a quantity of acid fruits, the unſeaſonable uſe of the cold bath, large draughts of cold water taken when the body has been heated by exerciſe, and ſome improper mixtures of food, as of milk and fiſh, are the circumſtances to which patients refer the complaint when it appears in a ſudden eruption on the ſkin: and ſuch cauſes will, I apprehend, be deemed ſufficient to excite the diſeaſe in thoſe who are prediſpoſed to it conſtitutionally.

Dr. Falconer's obſervations on the cauſes of the Lepra Græcorum, are more directly applicable to the preſent diſorder. "I have been able in numerous in-
"ſtances to trace the cauſe of this diſeaſe to a circum-
"ſtance ſo general, that I doubt not it is, if the truth
"could be always diſcovered, univerſal. I mean the
"ſudden application of cold to the body, when in a
"heated ſtate. This commonly happens from drink-
"ing ſome cold liquor; but this is not peculiarly ne-

ceſſary

" ceſſary to produce the diſeaſe, as I have ſeen it ariſe " from the external application of cold. It matters " not in what manner the body be heated, whether " by heat of fires, rooms, or by exerciſe, as cold pro- " duces the ſame effects in all the above caſes. Hence " ſuch perſons are eſpecially liable to it whoſe ways " of life ſubject them to ſuch viciſſitudes, as ſmiths and " other trades, that oblige thoſe who work at them to " be near fires, or in heated rooms; and ſuch as uſe " violent exerciſe or labour, as huntſmen, porters, and " ſuch like, who are too apt to indulge their appetites " without caution. Women, in ſituations where they " are expoſed to the ſame ſudden changes of tempera- " ture, are liable to the ſame diſeaſes, as cooks, laun- " dreſſes, &c. Several of them I have ſeen in Bath " Hoſpital, affected as above deſcribed. It is proper " to obſerve that the danger is much leſs in thoſe " who take cold liquors at the time they are heated " with exerciſe or labour, if they continue to purſue " their labour for ſome time after drinking, than if they " leave off their work immediately. Thoſe caſes that " I have ſeen were of perſons who expoſed them- " ſelves, when at reſt, to the effects of cold. The ſame " obſervation holds equally true of cold externally " applied. The quality of the liquor drank is, I be- " lieve, of leſs importance than it's temperature. I " have known the diſeaſe produced by the drinking

" of water, milk, and beer; and I doubt not many " other liquors, if cold, would do the ſame." Pag. 372.

The ſeaſon of the year or temperature of the air materially contributes towards the production of this diſeaſe. It generally occurs, according to my own obſervation, in the ſpring ſeaſon, when the changes of the ſtate of the atmoſphere are moſt frequent and ſevere. But on this point medical authors ſpeak with ſome diverſity of ſentiment*.

I will here ſubjoin Dr. Falconer's obſervations on the conſequences which ariſe from a ſudden retroceſſion of the Pſoriaſis, produced by cold, or other ſtrong external applications; and which I have occaſionally ſeen take place in nearly the ſame manner. " It ſometimes hap- " pens that a ſudden application of cold, which original- " ly produces the ſcaly eruption, will likewiſe cauſe it " to ſtrike in: and whenever this occurs it produces

* Hippocrates enumerates Lepra, and Pſora among the ſpring diſeaſes; Aph. 20, lib. 3: but Avicenna obſerves, " Scias quod Scabies excorticata, et Impetigines multiplicantur in autumno." 4, 7, 3, 6.

Imprimis verno tempore accidit, nonnunquam etiam hyeme. Sennert. Pract. 5, 1, 30.

Porro hujuſmodi eruptiones in quibuſdam temporariæ, adeoque diverſimodæ exiſtunt, namque in his ferè tantum in hyeme infeſtant, circa æſtatem evaneſcentes; Item e contrà in aliis quaſi brumam horreant, hirundinis adventum & exitum expectare ſolent. Willis, De Med. Operat. p. 290.

" great

" great diſturbance in the ſyſtem. Vomiting is a ſymp-
" tom that generally, if not always, precedes the
" eruption at the commencement of the diſeaſe: and
" when the eruption is ſtruck in, this ſymptom again
" makes it's appearance. A girl about ſixteen years
" of age, having at the time a leprous eruption upon
" her, drank when violently heated, a large draught
" of cold water. Preſently afterward the eruption
" ſuddenly diſappeared, on which ſhe was ſeized with
" a perpetual diſpoſition to vomiting, and rejected
" every thing ſhe ſwallowed, in a few minutes. Her
" health, in other reſpects, was not much affected,
" ſave what the fatigue of ſtraining, and loſs of ſtrength
" by the want of ſufficient ſuſtenance produced. A
" variety of remedies were tried, both external and
" internal. Beſide the Bath waters, both drank and
" uſed as baths, ſhe tried opiates, bitters, aromatics,
" elix. aloes, the efferveſcing ſaline draught, ipecacu-
" anha in ſmall doſes, and a multitude of other medi-
" cines. Opiates alſo were externally applied to the
" ſtomach, and bliſters, but all without the leaſt effect.
" In about eight months afterwards the diſeaſe had
" taken a different turn: the vomiting ceaſed; but
" her limbs and body were almoſt univerſally con-
" vulſed, though without loſs of the ſenſes. She
" again uſed a variety of remedies for ſeveral months,
" without receiving any benefit." Pag. 350.

The

The Scaly Tetter is one of the moſt frequent cutaneous diſeaſes in this kingdom. Hence Dr. Willis was enabled from his own obſervation to give a fuller account of it than any other author had done before him. The method of treatment, which he has propoſed for it, being founded on experience, therefore requires ſome conſideration. He recommends, in the firſt place, evacuants, particularly bleeding and cathartics; and ſecondly, certain alteratives, as the acidulous chalybeate waters; the expreſſed juices of ſeveral plants; whey taken alone, or impregnated with ſuccory, fumitory, and ſharp pointed dock, decoction of the woods; preparations of iron; and mercurials.

1. I have never ſeen a caſe of Pſoriaſis in which bleeding, or the repetition of purgatives could be properly applied; and, from what has been ſaid reſpecting the prediſpoſition to this diſeaſe, I apprehend, thoſe remedies will be deemed generally inadmiſſible.

2. Of the alteratives mentioned by Dr. Willis there are none which can be conſidered as ſpecific, or as having a decided efficacy in all caſes of the diſeaſe. The vegetable juices do not appear to be of any material uſe. Dr. Willis, coinciding with the popular idea of an affinity between the Scaly Tetter and the Scurvy, inſpires hopes of curing the former by the extenſive

liſt

liſt of plants denominated antiſcorbutics, comprehending probably ſeveral hundred different ſpecies of plants and ſhrubs. If the means of cure were thus numerous, and eaſy to be obtained, we might wonder at the frequency of this diſorder, and it's unconquerable obſtinacy in ſome caſes, which Willis himſelf has acknowledged*.

3. Decoctions of guiacum wood, willow, or ſarſaparilla, cannot alone be depended upon for the cure of Pſoriaſis. They are, however, uſeful auxiliaries to other medicines in ſome ſtages of the Pſoriaſis diffuſa, palmaria, and inveterata: the ſame may alſo be ſaid reſpecting the decoction of elm bark, ſaſſafras, juniper tops, burdock, mezereon, &c.

4. The chalybeate waters of Great Britain, particularly thoſe at Scarborough, Cheltenham, Nevil Holt†, and Tunbridge, have been at all times particularly commended for their utility in the Lepra, Scaly Tetter, and other cutaneous affections‡. Notwithſtanding

* Poſtquam radices altiùs egit morbus; Curatio ejus per difficilis vel nulla eſt. Willis de Med. Op. ſ. 3. c. 7.

† Dr. Short, on Mineral Waters, vol. 1. p. 177. vol. 2. 257. and 279.

‡ Acidulæ ferratæ contra hunc morbum præſcribuntur, et non rarò inſigniter

ſtanding the ſpecific virtues attributed by many phyſicians to theſe ſprings, they do not ſeem to be more efficacious than the ſulphureous waters, whether taken internally, or applied to the ſkin by waſhing and bathing*. I have ſeen ſome very obſtinate caſes of Lepra, Alphos, and Pſoriaſis completely cured by the proper uſe of the waters of Harrogate and Croft in Yorkſhire. The ſulphur-waters at Moffat, Shap-moor, Broughton, Kedleſton, Skipton and Wiggleſworth† have likewiſe an eſtabliſhed reputation in the ſame diſeaſes.

5. Chalybeate medicines are perhaps occaſionally uſeful by removing certain ſtates of the conſtitution, with which the Scaly Tetter ſeems to be connected. Thus if it ſhould depend on the languid circulation of the blood conſtituting the chlorotic habit, (ſee pag. 174.) an active exhibition of precipitated, or tartariſed iron, will afford certain relief.

niter juvant, quippe, cum cætera quævis mendicamenta incaſſum ceſſere, cum his ſolis Impetiginem gravem, et pene leproſam aliquoties curavi.

Willis, p. 292.

* Aquæ ſulphureæ ſunt bonæ Impetigini & Scabiei, ſi ex eis fiat balneatio.

Avicenna, L. 2. Tr. 2. c. 59.

† Short's Hiſtory of Mineral Waters, vol. 1. 314.

Strong

6. Strong mercurial preparations are of no advantage in the Scaly Tetter, but eventually rather aggravate the complaint. Of this I am well aſſured from many experiments cautiouſly made: Dr. Willis has likewiſe acknowledged the repeated failure of mercurial inunctions, and of mercurial remedies taken internally, even when they had excited a ſalivation. His obſervations on the ſubject, may ſerve to deter others from entering upon a mode of practice ſo injurious to the conſtitution. "Aliis remediis nihil juvantibus, multi ſalivationem "quaſi athletam fortiſſimum ac tanto hoſti unice "parem, commendant. Attamen prægrandi huic "expectationi eventus non ſemper reſpondet: fateor "enim me hoc remedium in quatuor perſonis im-"petigine graviore, et medicamentis aliis obſti-"nata laborantibus ſine commodo expertum fuiſſe. "Quidam ex his per inunctionem ex hydrargyro, "aliique per catapotia ex præcipitato ſolari in ſputa-"tionem copioſiſſimam quam per xx circiter dies "pertulerunt, ciebantur; quo temporis ſpatio elapſo, "eruptiones omnes ſquamoſæ, et papillarum "corymbi evanuerunt: nihilominus ad therapeiam "confirmandam potus diæteticus ex decocto ſarſæ, "cum crebra ſudatione ſubtus cratem, et debita "purgatione interjecta inſtitutus, per menſem "continuabatur: attamen hoc curſu finito, cum

" nulla tunc impetiginis veſtigia relinqui viderentur,
" intra menſem alteram, nova ejuſdem morbi ſeges
" pullulare incipiens, brevi tempore ad ſolitam
" maturitatem accrevit. Porro cum unus ex eis
" hanc medicinam repetere, atque alter poſt duas
" morbi recidivas, eam vice tertia experiri voluit,
" uterque demum poſt immanes tot ærumnarum per-
" peſſiones de curationis ope decidit*."

Unfortunately one of the Doctor's patients who underwent the harſh treatment above ſtated was a delicate young lady, fifteen years of age: her caſe is given at length, page 295. A ſlower and more cautious adminiſtration of mercurials would not have ſucceeded better. I think it the more neceſſary to inſiſt on this, conſidering the indiſcriminate uſe of mercury for diſeaſes of the ſkin. It ſeems a point of material conſequence to aſcertain in what cutaneous complaints this mineral will be found uſeful, and in what caſes it is inefficacious. If I ſhould only be enabled, from ſufficient trials, to give proper information on this head, under the different articles of which I have to treat, the end of this publication would not be entirely loſt.

* Willis loc. citat. pag. 292.

The

The three firſt ſpecies of Pſoriaſis, when they appear in a ſudden eruption attended with febrile ſymptoms (ſee pag. 153 and 158) may be advantageouſly treated by adminiſtering in the evening an emetic doſe of ipecacuanha, and the following day two or three grains of calomel, or ſome other gentle purgative: afterwards, by the uſe of fixed alcali, either in it's concrete, or liquid form, by a light moderate diet, by frequently waſhing with tepid water, and by abſtinence from fruits, acids, and fermented liquors, the above diſorders may be brought to a concluſion within two or three weeks. But ſhould the ſcaly patches, through neglect at their firſt appearance, or from an unhealthy ſtate of the conſtitution, have enlarged conſiderably, and ſpread over the greater part of the body, a more elaborate plan will be neceſſary. This conſiſts of the free uſe of antimonials, of the warm bath, with repeated friction, and of the mineral waters formerly mentioned (pag. 181.). The decoctions of elm bark, ſarſaparilla, dulcamara, &c. have alſo their ſhare of utility.

The Pſoriaſis inveterata requires the ſame plan of treatment as the Lepra vulgaris, and Alphos; (ſee pag. 136 to 145). A portion of mezereon root forms an active ingredient in the decoctions em-

ployed for the cure of theſe diſorders. I think it right to notice an obſervation reſpecting it's uſe, made by a medical friend*. When the patches of the Lepra, or Scaly Tetter, are about to diſappear, a cuticle of proper texture is in general formed at their centres, and gradually extends from thence toward the borders, till all the ſcalineſs be removed; but if the mezereon have been employed, it's curative effects are manifeſted either by ſoftening the whole ſcaly patch at once, or by reſtoring the cuticle from the circumference toward the centre.

In the Pſoriaſis inveterata an ulceration ſometimes happens on the ſhin. It is preceded by a red, ſhining, brittle ſtate of the cuticle round the ancle: cracks or fiſſures are formed both in the cuticle, and the ſkin, of various magnitudes, and in different directions. When the integuments are wholly removed from ſome part of the diſeaſed ſurface, the ulcer ſeldom becomes deep, but has an uneven bottom, and a red, thin, ſmooth edge, liable to bleed from ſlight impreſſions. A glairy fluid, in ſmall quantity, is diſcharged from this ſpecies of ulcer, which is likewiſe attended with a violent itching, and not eaſily healed, the new ſkin being diſpoſed to break, and

* Dr. Sinclair.

ſeparate.

ſeparate. With a view of healing the exulceration, the following unguent may be advantageouſly employed: R. cerat. lapid. calam. unc. j. Hydrarg. nitrat. rubr. ſcrupulum j. M. If this plan prove ſucceſsful, and the ſkin round the ancle afterwards remain harſh, dry, and brittle, it will be proper to hold the leg frequently over the ſteam of hot water, and to wear oiled ſilk conſtantly round the ancle. When the cuticle is extenſively removed, and a clear lymph exudes from the excoriated ſurface (ſee page 173) it is only neceſſary to employ a mild defenſative unguent, ſpread on linen cloth, or callico, as in the formula preſcribed below*.

For the Pſoriaſis palmaria the ſame internal remedies are proper as for the other forms of the diſeaſe. When the heat, dryneſs, and itching of the palms take place to a very great degree, it is uſeful to expoſe them for ſome time every night to the vapor of hot water, and then to put on gloves made of oiled ſilk, which ſhould alſo be worn as much as poſſible during the day. A little of the unguentum hydrarg. nitrati may be applied at bed time, either alone, or diluted with a portion of ſome milder unguent, according to the ſtate of the ſkin.

* R. Emplaſtr. Lithargyri unc. j. ceræ flavæ unc. ſs olei oliv unc. ſs vel q. ſ. ut fiat unguentum.

All

All acrid applications are detrimental in the Pſoriaſis labialis. It is neceſſary to have the lips almoſt conſtantly covered with ſome mild unguent, or plaiſter, as that compoſed of emplaſtrum lithargyri, with wax, and oil (pag. 187); and the lips ſhould be as little as poſſible expoſed either to heat or cold. Temperance in diet is particularly requiſite: and ſuitable remedies ſhould be employed to relieve pain of the ſtomach, acidity, flatulence, &c. with which this complaint is uſually connected.

In the Pſoriaſis ſcrotalis, beſides the uſe of general remedies, care ſhould be taken to keep the parts clean by waſhing them with warm water, water-gruel, &c. and to prevent the effects of attrition by an unguent compoſed of three parts of unguentum ceræ, and one part of the unguentum hydrargyri nitrati.

The Scaly Tetter of infants may be relieved by the uſe of antimonials, and by warm bathing, or waſhing wi t water gruel. When conſiderable excoriations take place it is proper to uſe mild applications, as the ceratum lapidis calaminaris, and unguentum ceruſſæ acetatæ mixed in equal proportions. Calomel is occaſionally neceſſary when there are inflamed puſtules, or the tubercles mentioned page 170.

ORDER II.

III. PITYRIASIS.

THE PITYRIASIS conſiſts of irregular patches of ſmall, thin ſcales, which repeatedly form, and ſeparate; but never collect into cruſts (Defin. 2.) nor are attended with redneſs, or inflammation, as in the Lepra, and Scaly Tetter. I think it neceſſary to diſtinguiſh Pityriaſis from the Porrigo of the Latins, which has a more extenſive ſignification, and comprehends a diſeaſe of the ſcalp terminating in ulceration*; whereas the former is, by the beſt Greek authors,

* Under the term Porrigo, Celſus (L. 6. ch. 2.) has included the Pityriaſis, Achores and Ceria of the Greeks: he is followed in this arrangement by moſt of the modern writers. Manard. Epiſt. Med. 7. cap. 8. Mercurialis de Morb. Cut. Sennert. Pract. Med. Lib. 5. Part 3. ſect. 2. cap. 7. & Guido de Cauliaco Tract. 6, 2. 1. who confounds it with Tinea Lupinoſa; as does alſo Ambr. Parè 16. 1. and Sauvages, Noſolog. Meth. Some, with

authors, repreſented as always dry and ſcaly. Thus, according to Alexander and Paulus, Pityraſis is characterized by "the ſeparation of ſlight furfuraceous "ſubſtances from the ſurface of the head, or other "parts of the body, without ulceration*." Their account of this appearance is conformable to experience: and the two varieties of it which they have pointed out may be denominated, Pityriaſis capitis, and Pityriaſis verſicolor.

I. The

with ſtill greater impropriety, rank the Pityriaſis as a ſpecies of Scabies. Haffenreffer, De Cutis Affectibus, l. 1. cap. 15. Theod. Corbeius Patholog. l. 2. ſect. 5. cap. 3. Dolæus Encycl. Chirurg. 5. 14. Platerus De Doloribus, cap. 17. &c. &c. Lorry De Morb. Cut. 459. refers it to the Lichenes. It may not be amiſs to obſerve that one Roman author, poſterior to Celſus, has diſtinguiſhed Porrigo and Pityriaſis in the ſame manner as I have propoſed. See Marcellus de Medic. 4. Pliny, lib 20. and 22. and Herm. Barbar. Gloſſem. in Plinium.

* Η πίτυριασις εστιν λεπίων καὶ πίτυρωδων σωμαίων εκ τε της επιφανειας της κεφαλης, καὶ εκ τε αλλε σωμαίος αποθηξις χωρις ἑλκωσεως. Paul. Ægin. 3. 3. Alex. Trallian. l. 1. 4, The Pityriaſis is mentioned by Galen, Aetius, Oribaſius, &c. as affecting the head only. Πίτυροις ομοια απο τε της κεφαλης δερμαίος αποπιπίει πολλακις ενιοις κνωμενοις, καὶ δια τὸ πίτυριασιν ονομαζεσιν οι ἰαίροι το συμπτωμα τὸ. Gal. de Comp. Med. ſec. loc. l. 1. cap. 6. Aet. Tetrab. 2. 2. 66. Oribaſ. Synopſ. 4. 9. 2. 5. Actuar. Med. Avicenna has deſcribed this appearance under the denomination of Alvarati, which, he ſays, "eſt modus excorticationis levis accidentis capiti propter corruptionem acci-

"dentem

1. PITYRIASIS CAPITIS, when it affects very young infants, is termed by nurſes The Dandriff.* It appears, at the upper edge of the forehead and temples, as a ſlight whitiſh ſcurf ſet in the form of a horſe-ſhoe: on other parts of the head there are large ſcales, at a diſtance from each other, flat, and ſemipellucid; Pl. 17. Fig. 1. Sometimes however they nearly cover the whole of the hairy ſcalp, being cloſe together, and imbricated. A ſimilar appearance may take place in adults, but it is uſually the effect of Lepra, Scaly Tetter, or ſome general diſeaſe of the ſkin. Elderly perſons have the Pityriaſis capitis in nearly the ſame form as infants: the only difference is that this complaint in old people occaſions larger exfoliations of the cuticle.

dentem in complexione proprie cum impreſſione in ſuperficie ſuperiore cutis.

Lib. 4. Fen. 7. Tr. 2. cap. 24.

Scias quod furfures qui accidunt in capite ſunt corpora ſubtilia, parva, tenuia, ſicut furfures, quæ cadunt de ſuperficie capitis, et fiunt abſque materiâ quæ appareat ſicut apparet in puſtulis quæ effluunt extra caput in ſahaphati. I. f. Serapion Breviar Tr. 1. 4. See alſo Haly Abbas, Theorice 8. 18.

Arnald. Villanov. Breviar. l. 1. cap. 24. Fuhſius lib. 1. cap 3. Bonacurſius, De Malis externis cap. 14. and Pract. Joan. de Concoregio, cap. 8.

* Turner, On Diſeaſes of the Skin, pag. 7.

When the hair is thin, or the head ſhaven, the ſcales may with a little attention, be removed by the uſe of ſoap and warm water,* or by a ſlight alcaline lotion. To enforce this practice is particularly neceſſary: for if ſcales intermixed with ſordes be permitted to cover the ſcalp for a length of time, puſtules, containing an acrimonious lymph, are formed under the incruſtation, and the true porrigo† often ſupervenes.

2. The PITYRIASIS VERSICOLOR chiefly affects the arms, breaſt, and abdomen. It is diffuſed very irregularly, and being of a different colour from the uſual ſkin-colour, it exhibits a ſingular, chequered appearance; ſee Plate 17. Fig. 2. Theſe irregular patches, which are at firſt ſmall and of a brown or yellow hue, appear at the ſcrobiculus cordis, about the mammæ, clavicles, &c. Enlarging

* Furfura removentur continuo abradendo caput, et ſingulis noctibus inungendo, et poſtero mane in multâ aquâ calidâ obluendo in balneo, vel in domo.

Rhazes de Re Medica, lib. 5. 4.

† Pejor pervenit ad ulcera, & et ad corrumpendum origines capillorum, &c.

Avicen. tom. 2. pag. 240.

See Conſtantin. African. op. pag. 5.

gradu-

gradually, they aſſume a teſſelated form: in other caſes they are branched, ſo as to reſemble the Foliaceous Lichens* growing on the bark of trees; and, ſometimes, when the diſcolouration is not continuous, they ſuggeſt the idea of a map, being diſtributed on the ſkin, like iſlands, continents, peninſulas, &c. All the diſcoloured parts are ſlightly rough with minute ſcales, which ſoon fall off, but are conſtantly replaced by others. This ſcurf or ſcalineſs is moſt conſpicuous on the ſides, and epigaſtric region. The cuticular lines are ſomewhat deeper in the patches than on the contiguous parts: but there is no elevated border, or diſtinguiſhing boundary between the diſcoloured part of the ſkin and that which retains it's natural colour. The diſcolouration rarely extends over the whole body. It is ſtrongeſt and fulleſt round the umbilicus, on the breaſts, and ſides: it ſeldom appears in the ſkin over the ſternum, or along the ſpine of the back. Interſtices of proper ſkin colour are moſt numerous and largeſt at the lower part of the abdomen and back, where the ſcales are often ſmall, diſtinct, and a little depreſſed. The face, nates, and lower extremities are leaſt

* Linn. Gen. pl. 1065.

affected: the patches are found upon the arms, but moſtly on the inſide, where they are diſtinct, and of different ſizes.

The Pityriaſis verſicolor is not a cuticular diſeaſe; for when the cuticle is abraded from any of the patches the ſallow colour remains as before, in the ſkin or rete mucoſum. This ſingular appearance is not attended with any internal diſorder, nor with any troubleſome ſymptom except a little itching and irritation felt on getting into bed, and after ſtrong exerciſe, or drinking warm liquors. There is in ſome caſes a ſlight exanthema (def. vi.) partially diſtributed among the diſcoloured patches: and ſometimes an appearance like the Lichen pilaris: but eruptions of this kind are not permanent, neither do they produce any change in the original form of the complaint.

The duration of the Pityriaſis verſicolor is always conſiderable. I have obſerved it's continuance in ſome perſons for four, five or ſix years. It is not limited to any age, or ſex. It's cauſes I am not able to point out with certainty. Several patients have referred it to fruit taken in too great quantity: ſome have thought it was produced by eating muſhrooms; others by expoſure to ſudden alternations

nations of cold, and heat. In ſome individuals who had an irritable ſkin, and occaſionally uſed violent exerciſe I have ſeen the complaint produced, or at leaſt much aggravated by wearing flannel next to the ſkin. I have likewiſe often obſerved it in perſons who had reſided for a length of time in a tropical climate.

The maculæ hepaticæ deſcribed by Solenander, and Sennertus* ſeem referable to the preſent article: 'Vulgo notus eſt affectus quem Germani 'leverflecte nominant, proculdubio quod ex hepate 'ortum habere credant; maculæ ſcilicet fuſcæ, vel 'ex flavo nigricantes, latæ, palmi magnitudine, in-'guina imprimis, et pectus ac dorſum occupantes, 'imo totum pectus interdum obtegentes, cum cutis 'quadam levi aſperitate, quæ ſquammas aut fur-'fures quaſi emittit, quæ tamen non uno loco hærent, 'ſed hinc inde diſſeminantur, et modo evaneſcunt 'modo rurſus emergunt. Eas unicus, quantum me-'mini, clare deſcribit Reinerus Solenander, ſect. 5. 'Conſil. 11. ſed ſine nomine. Ipſæ quidem maculæ 'per ſe nihil periculi conjunctum habent, neque 'aliquem moleſtiam pariunt, cum non in facie aut 'manibus, ut lentigines, ſed in locis veſtibus tectis 'oboriantur.'

* Med. Pract. lib. 5. 3. 1. 6.

The

The dark coloured ſpots which frequently appear on the ſkin of pregnant women ſhould not perhaps rank under this head, being never attended with roughneſs or ſcalineſs of the ſkin. For the ſame reaſon it is proper to exclude ephelides, and other maculæ, as the diſcolourations which appear during, or after a mercurial courſe, and which are diſtinguiſhable by a border of a deeper tinge than the center. Although the Pityriaſis verſicolor is not in itſelf a diſorder of any ſerious conſequence, yet both medical and chirurgical practitioners ſhould have a proper knowledge of it. Thoſe who are unacquainted with it's appearance, eſpecially when it is diffuſed in ſeparate or ſcattered patches, ſometimes miſtake it for a ſyphilitic ſymptom: there is not, however, ſo far as I have ſeen, any venereal appearance that in any wiſe reſembles it.

I cannot ſpeak favourably of my ſucceſs in the medicinal treatment of this ſpecies of Pityriaſis. Acids, alcalis, mercurials, and antimonials, under whatever form ſeemed to produce no beneficial effect. Some advantage was however derived from uſing firſt a warm bath of ſea-water, and afterwards bathing in the open ſea: and in one inſtance the complaint was by this means wholly removed.

ORDER

ORDER II.

IV. ICTHYOSIS.

THE characteriſtic of ICTHYOSIS is a permanently harſh, dry, ſcaly, and, in ſome caſes, almoſt horny texture of the integuments of the body, unconnected with internal diſorder. Pſoriaſis, and Lepra differ from this affection in being but partially diffuſed, and in having deciduous ſcales.

The arrangement, and diſtribution of the ſcales in Icthyoſis are peculiar. Above and below the olecranon on the arm, (PLATE XVIII.) and in a ſimilar ſituation with reſpect to the patella on the thigh and leg, they are ſmall, rounded, prominent or papillary, and of a black colour. Some of the ſcaly papillæ have a ſhort, narrow neck, and broad, irregular tops. On ſome parts of the extremities, and on the trunk

trunk of the body the ſcales are flat, and large, often placed like tiling, or in the ſame order as ſcales on the back of a fiſh; but in a few caſes they have appeared ſeparate, being interſected by whitiſh furrows. There is uſually in this complaint a dryneſs, and roughneſs of the ſoles of the feet; ſometimes a thickened, and brittle ſtate of the ſkin in the palms of the hands, with large painful fiſſures, and on the face an appearance of ſcurf rather than of ſcales. The inner part of the wriſts, the hams, the inſide of the elbow, the furrow along the ſpine, the inner and upper part of the thighs are perhaps the only portions of the ſkin always exempt from the ſcalineſs. Patients affected with Icthyoſis are occaſionally much haraſſed with inflamed puſtules (Phlyzacia, Def. 10. 1.) or with large, painful boils on different parts of the body: it is alſo remarkable that they never ſeem to have the leaſt perſpiration or moiſture of the ſkin.

This diſeaſe did not, in any caſe preſented to me, appear to have been tranſmitted hereditarily; nor was more than one child from the ſame parents affected with it. In ſeveral inſtances the diſeaſe was ſaid to have been connate, and in others to have occurred two or three months after birth;

in

in one caſe it appeared ſoon after the Small-pox, at the age of two years, and had continued ſix or ſeven years without alteration.

When a portion of the hard, ſcaly coating is removed, it is not ſoon produced again. The eaſieſt mode of removing the ſcales is to pick them off carefully, with the nails, from any part of the body while it is immerſed in hot water. The layer of cuticle which remains after this operation is harſh and dry; and the ſkin did not, in the caſes I have ſeen, recover its uſual texture and ſoftneſs; but the ſcales were prevented from forming afterwards, by the repeated uſe of the warm bath, along with moderate friction.

A caſe ſlightly detailed by Panarolus, (Pentecoſte, 5. obſ. 9.) ſeems referable to the article of Icthyoſis. 'Vidimus nos pulchram mulierem, cui cutis piſcium 'aut ſerpentum more ſquammas minutiſſimas re-'præſentabat; quæ tanquam acutiſſimæ ſpinæ 'tactum mirifice lædebant. Hoc autem nullo modo 'credas, lector, ortum habuiſſe ab aliquo morbo, 'ut puta Scabie, Elephantiaſi, et ſimilibus, ſed 'res erat abſolute naturalis.'

Another inſtance of the ſame kind is related by Stalpart Vander Wiel, obſ. 35. cent. 2. 'Anno '1683, menſe maio, Hagæ puer quidam, 10 circ. 'annorum, conſpiciendus exhibebatur, nomine Ber- 'nardus, Biſegliæ (quod eſt regni neapolitani ad 'Hadriæ littora oppidum) natus; cujus patri Petro 'Antonio Conſiglio nomen erat: mater Elizabetha 'Naſtaſia vocabatur. Pueri illius manus, pedeſq 'toti quanti ſquammei erant, brachia autem et crura, 'atque adeo totum corpus, excepto ſolo capite, veluti 'phocæ pelle obducta, contactuque dura erant & 'ſcabra. Narrabat matertera, cujus curæ ipſe cre- 'ditus erat, ortam fuiſſe iſtam cutis deformitatem, 'quod mater, cum linteaminum purgandorum cauſa 'littus peteret, in flumine vicino varios ſquammatos 'et teſtaceos vidiſſet piſces, quorum imaginem tam 'firmiter cerebro impreſſiſſet, ut non ita diu poſt 'a marito imprægnata, piſciumque perpetuo memor 'fœtum pepererit, inſtar piſcis ſquammoſum, facie 'tamen, colloque decorum, reliquo autem corpore 'prorſus nigricantem, & obſcuro quodam, ſcabroque 'obductum muſco, quapropter idem nudus non 'tantopere frigore, quam quidem alii infeſtabatur. 'Puer ille ingenio, quantum ætas ferebat, ſubtili '& acri, ac quod mirere, piſcium avidus admodum 'erat, adeo ut poſt crebriorem carnis eſum male 'ſe haberet. Ipſe etiam cum aliis medicis ex ejus

'corpore

'corpore prodeuntem animadverti qualem piſces
'diffundunt odorem, quem quivis admoto propius
'naſo percipere poterat. Delapſis veteribus novæ
'ſuccedebant illico ſquamæ quibus evulſis mox
'effluebat ſanguis.'

Some obſervations on a diſeaſed ſtate of the ſkin, analogous to the Icthyoſis above deſcribed, appear in the Philoſophical Tranſactions, Vol 14, No. 160; and a ſtriking inſtance of the ſame, though ſomewhat differently modified, is inſerted, No. 424. by John Machin, Sec. R. S. Greſham Profeſſor of Aſtronomy.

'A country labourer living not far from Euſton-
'Hall, in Suffolk, ſhewed a boy, his ſon, about
'fourteen years of age, having a cuticular diſtem-
'per of a different kind from any hitherto men-
'tioned in the hiſtories of diſeaſes. His ſkin (if it
'might be ſo called) ſeemed rather like a duſky-
'coloured thick caſe, exactly fitting every part of
'his body, made of a rugged bark or hide, with
'briſtles in ſome places; which caſe, covering the
'whole excepting the face, the palms of the hands,
'and the ſoles of the feet, cauſed an appearance
'as if thoſe parts alone were naked and the reſt
'cloathed. It did not bleed when cut or ſcarified,
'being callous and inſenſible. It was ſaid he ſheds

'it once every year, about autumn, at which time 'it uſually grows to the thickneſs of three-fourths 'of an inch, and then is thruſt off by the new 'ſkin which is coming up underneath. It was not 'eaſy to think of any ſort of ſkin, or natural in-'tegument that exactly reſembled it. Some com-'pared it to the bark of a tree; others thought 'it looked like ſeal-ſkin; others like the hide of 'the Elephant, or the ſkin about the legs of the 'Rhinoceros; and ſome took it to be like a great 'wart or number of warts, uniting and overſpread-'ing the whole body. The briſtly parts, which 'were chiefly about the belly and flanks, looked 'and ruſtled like the briſtles or quills of an hedge-'hog, ſhorn off within an inch of the ſkin. His 'face was well featured and of a good complexion, 'if not rather too ruddy: and the palms of his 'hands were not harder or in worſe condition 'than is uſual for workmen or labourers. His ſize 'was proper for his age: his body and limbs 'ſtraight, and excepting as to his deformity, well 'ſhapen. This rugged covering gave him no pain 'or uneaſineſs, unleſs that ſometimes after hard 'work, it was apt to ſtart and cleave, and cauſe 'a bleeding: and notwithſtanding the unuſual diſ-'poſition of his humours to form ſo ſtrange an 'integument, his natural excretions were ſaid to

'be

'be in the ordinary courſe and manner, without 'any thing remarkable attending them. The 'father knew of no accident to account for this 'diſtempered habit: but ſaid that his ſkin was 'clear at his birth as in other children, and ſo 'continued for about ſeven or eight weeks; after 'which, without his being ſick, it began to turn 'yellow, as if he had had the jaundice; from 'which by degrees it changed black, and in a 'little time afterwards thickened, and grew into 'that ſtate it appeared in at preſent: that he has 'been in health from his birth, and hath no ſick-'neſs at the ſeaſon when he ſheds it. He further 'ſaid, that his mother had received no fright to 'his knowledge, whilſt ſhe was with child; and 'hath borne him many other children, none of 'which have ever had this, or any other unuſual 'diſtemper of deformity.'

The ſequel of this caſe is given in the XLIXth Vol. of the Philoſophical Tranſactions, (Part I. for the year 1755) by Henry Baker Eſq. F. R. S. 'His name is Edward Lambert. He is now forty 'years of age; a good-looking, well-ſhaped man, 'of a florid countenance; and when his body and 'hands are covered, ſeems nothing different from 'other people. But, except his head and face,

'the

'the palms of his hand, and bottoms of his feet,
'his ſkin is all over covered in the ſame manner
'as in the year 1731, which therefore I ſhall
'trouble you with no other deſcription of, than
'what you will find in Mr. Machin's account;
'only begging leave to obſerve, that this covering
'ſeemed to me moſt nearly to reſemble an innu-
'merable company of warts, of a dark brown
'colour, and a cylindric figure, riſing to a like
'height and growing as cloſe as poſſible to one
'another, but ſo ſtiff and elaſtic, that when the
'hand is drawn over them, they make a ruſtling
'noiſe. When I ſaw this man in the month of
'September laſt, they were ſhedding off in ſeveral
'places, and young ones of a paler brown ſuc-
'ceeding in their room, which he told me happens
'annually in ſome of the autumn or winter months;
'and then he commonly is let blood, to prevent
'ſome little ſickneſs, which he elſe is ſubject to,
'whilſt they are falling off. At other times he is
'incommoded by them no otherwiſe than by the
'fretting out of his linen, which, he ſays, they do
'very quickly: and when they come to their full
'growth, being then in many places near an inch
'in height, the preſſure of his clothes is trouble-
'ſome. He has had the Small-pox, and been twice
'ſalivated, in hopes of getting rid of this diſagree-

'able

'able covering; during which diſorders the warting 'came off, and his ſkin appeared white and ſmooth 'like that of other people, but, on his recovery, 'ſoon became as it was before. His health at 'other times has been very good during his whole 'life. But the moſt extraordinary circumſtance of 'this man's ſtory, and indeed the only reaſon of 'my giving you this trouble, is, that he has had 'ſix children, all with the ſame rugged covering 'as himſelf; the firſt appearance whereof in them, 'as well as in him, came on in about nine weeks 'after the birth. Only one of them is now living, 'a very pretty boy, eight years of age, whom I 'ſaw, and examined, with his father, and who is 'exactly in the ſame condition which it is needleſs 'to repeat. He alſo has had the Small-pox, and 'during that time was free from this diſorder. It 'appears therefore paſt all doubt, that a race of 'people may be propagated by this man, having 'ſuch rugged coats or coverings as himſelf: and 'if this ſhould ever happen, and the accidental 'original be forgotten, 'tis not improbable they 'might be deemed a different ſpecies of mankind: 'a conſideration which would almoſt lead one to 'imagine, that if mankind were all produced from 'one and the ſame ſtock, the black ſkins of the 'negroes, and many other differences of the like

'kind,

'kind, might poſſibly have been originally owing 'to ſome ſuch accidental cauſe.'

The inhabitants of Paraguay are, according to M. Buffon, much affected with the Ichthyoſis, or a complaint nearly reſembling it. 'Il regne parmi eux 'une maladie extraordinaire; c'eſt une eſpece de lèpre 'qui leur couvre tout le corps, et y forme une croute 'ſemblable a des ecailles de poiſſon: cette incom- 'moditè ne leur cauſe aucune douleur, ni meme 'aucun autre derangement dans la ſantè.'

Buffon Hiſt. Naturelle, tom. 3. p. 507.
from Les Lettres Edifiantes, Recueil 25. p. 122.

A ſtate of the ſkin ſimilar to that in Ichthyoſis, takes place partially under a variety of circumſtances. It occurs on the limbs of perſons who, from long continued ill-health, or a weakly conſtitution, are much emaciated, and have little perſpiration. When inveterate ulcers of the lower extremities are at length healed, the common integuments are not replaced in the uſual order: inſtead of cuticle, the legs are covered with thick, dry, ſhining ſcales, variouſly diſpoſed. In caſes of Anaſarca, likewiſe, the ſkin becomes ſcaly, rigid and inelaſtic, as repreſented PLATE XIX. This rugged coating prevents for a time, any farther enlarge-

ment

ment of the limbs; but the effuſed lymph, by its gradually increaſing preſſure, at laſt overcomes the reſiſtance, and is diſcharged through innumerable crevices.

2. Ichthyosis cornea. I never met with an inſtance of a horny rigidity of the integuments, impeding the motion of the muſcles, or joints. It is, however, mentioned by authors as affecting the lips,* prepuce,† toes, fingers,‡ &c. and ſometimes as extended over nearly the whole body. A ſingular caſe, of the latter deſcription, is recorded in the Philoſophical Tranſactions, Vol. 48. Part 2. pag. 580. 'A young woman, ſeventeen 'years old, called Patrizia Galiera, the daughter 'of a citizen of Naples, was brought to the 'Royal Hoſpital, the 22d of June, 1752, and was 'placed in one of the wards aſſigned to the care 'of Dr. Cruſio; who viſiting her in her bed, and 'aſking her the neceſſary queſtions to form a right 'notion of her diſeaſe, was informed by her that, 'the complaint was an exceſſive tenſion and hard-

* Verbrug, De Aneuriſmate.

† Reghellini, Oſſervazione Sopra Alcuni Caſi Rari, 1.

‡ See Affectus Cutaneus ſingularis, ab Abrahams Vatero, Eph: Nat. Cur. 1. pag. 89. and Zacut. Luſitan. L. 11. Pr. Hiſt. obſ. 188.

'neſs of her ſkin over all her body, by which 'ſhe found herſelf ſo bound and ſtraightened, 'that ſhe could hardly move her limbs. Upon 'examining her he found her ſkin hard to the 'touch, like wood, or a dry hide; however he 'obſerved ſome difference in the degree of the 'hardneſs; for in ſome places it was greater, as in 'the neck, forehead, and particularly in the eye-'lids; inſomuch that ſhe could neither raiſe nor 'entirely ſhut them. It was alſo very great in 'the lips, tongue, and on each ſide of her body; 'but the muſcles under the ſkin ſeemed not to 'be affected, becauſe the joints could be bent; 'and if in any place there was any difficulty in 'moving the limbs, this aroſe not from any defect 'in the muſcles, but from the hardneſs and tenſion 'of the ſkin and cellular membrane, which did 'not yield to their contraction and relaxation. For 'example; ſhe could ſcarce open her mouth; 'which happened not from any fault in the 'digaſtric, or other muſcles, but from the hardneſs 'of the ſkin that covered the lips and cheeks, and 'that would not permit her to draw down the 'lower jaw. In the ſame manner was ſhe incapable 'of bending her neck, or turning her head: 'neither did this happen from any defect in the 'muſcles deſtined to that office, but from the

'firm-

'firmneſs of the ſkin and membrane which in no 'wiſe yielded to their contraction. This was the 'caſe in the other parts of the body; the muſcles 'being, as it were, tyed down and compreſſed by 'a dry, hard, and unpliable covering. As to 'other particulars,—her ſkin had loſt its natural 'warmth, but was ſenſible when it was preſſed 'upon by the nails or a pin, the patient then 'ſaying that ſhe felt a pain, as if the ſkin were 'tearing. Her pulſe was perceived to be deep 'and obſcure; but equal and regular. Her reſ- 'piration was free and uninterrupted: her digeſtion 'was good; and ſhe found no inconvenience 'after eating, except a greater ſtraightneſs and an 'uneaſy conſtruction round the belly. As to the 'natural excretions, the alvine were eaſy and pro- 'per; but the urinary ſometimes exceeded the 'quantity of what ſhe drank, and appeared loaded 'with ſalts: both which circumſtances perhaps, 'proceeded from the ſenſible and inſenſible per- 'ſpiration being entirely wanting. For upon her 'being aſked whether ſhe ever ſweated, ſhe 'anſwered, that ſhe did not, though ſhe was ever 'ſo much exerciſed and fatigued. Her ſleep was 'natural: ſhe had never had the menſtrual evacu- 'ation. She ſaid, her diſorder began firſt in her 'neck, which ſhe perceived ſhe could not move

'as uſual: then ſhe found the ſkin of her face 'and forehead to grow hard; and ſo ſucceſſively 'from day to day, ſhe ſaw and felt all the exter- 'nal parts of her body grow hard and tenſe. She 'never had any other diſeaſe except a little fever , ſome years before, nor had ever been ſuddenly 'or exceſſively frightened.'

This form of Ichthyoſis is ſometimes attended with the production of horns; a proof that thoſe ſingular excreſcences may be cutaneous, or perhaps cuticular, and generated in nearly the ſame manner as the nails from the human body, or the hoofs, and claws of quadrupeds. The following caſe is from the Philoſophical Tranſactions, No. 176, and communicated in a letter from a gentleman of the Dublin Society, to the ſecretary of the Royal Society.

'*Trin. Coll. the 10th of Oct.* 1685.

'HON. SIR,

'The account I here ſend of the horny girl is 'much more imperfect than I hoped it would have 'been, both becauſe its parents or friends, who 'might give ſome information of the beginning and 'occaſion of the growing out of theſe horns, are 'not to be found; and that the owner of this 'monſter would not be perſuaded to let us take

'the

'the figure thereof, which we deſigned to preſent 'you. She is called Ann Jackſon, born in the 'city of Waterford, of Engliſh parents, who are 'both ſaid to have been ſound and healthy: this 'infirmity did not ſhow itſelf till ſhe was about 'three years old, after which the mother concealed 'her out of ſhame, and brought her up privately; 'but ſhe ſoon dying, and the father becoming 'exceeding poor, the child was left a charge upon 'the pariſh. She is now between thirteen and 'fourteen years of age, yet can ſcarce go: and 'is ſo little in ſtature, that I have ſeen children 'five years old taller: ſhe is very ſilly, ſpeaks 'little, and that not plainly, but haſtily, and with 'difficulty: her voice is low and rough: her 'complexion and face well enough, except her 'eyes, which look very dead, and ſeem to have 'a film or horn growing over them, ſo that ſhe 'can hardly now perceive the difference of colours. 'The horns abound chiefly about the joints and 'flexures, and not on the brawny fleſhy parts of 'her body: they are faſtened to the ſkin like 'warts, and about the roots reſemble them very 'much in ſubſtance, though toward the extremities 'they grow much harder, and more horny. At 'the end of each finger and toe, grows one as 'long as the finger or toe; not ſtraight forwards, 'but riſing a little between the nail and the

'fleſh;

'fleſh; (for near the roots of theſe excreſcencies 'is ſomething like a nail) and bending again like 'a turkey's claw, which too it much reſembles in 'colour. On the other joints of her fingers and 'toes are ſmaller ones, which ſometimes fall off, 'others growing in their places. The whole ſkin 'of her feet, legs and arms is very hard and 'callous, and does daily grow more and more 'ſo. On her knees and elbows and round about 'the joints are many horns; two more remark-'able at the point of each elbow, which twiſt 'like rams horns: that on the left arm is above 'half an inch broad and four inches long: on 'her buttocks grow a great number, which are 'flat by frequent ſitting: at her armpits and nip-'ples of her breaſts, ſmall hard ſubſtances ſhoot 'out, much ſlenderer and whiter than the reſt: 'at each ear alſo grows a horn: the ſkin of her 'neck does of late begin to turn callous and 'horny like that of her hands and feet. She 'eats and drinks heartily, ſleeps ſoundly, and per-'forms all the offices of nature like other healthy 'people, except that ſhe has never had the evacua-'tion proper to her ſex. This, Sir, is as particular 'an account as I can gather.

I am, honoured Sir,

Your very humble ſervant

ST. GEORGE ASH.

ORDER

SOCIETY OF

ORDER III.

EXANTHEMATA, OR RASHES.

EXANTHEMA, Efflorescence, seems originally to have expressed an eruption of papulæ, miliary vesicles, wheals, or petechiæ*. Systematic nosologists, at present, denote by this word all eruptions on the skin attended with fever, while other medical writers apply it to eruptive complaints of every denomination †. I have used it DEF. VI. in a more limited sense, to express the appearance termed in English a Rash, which is a redness of the skin, varying as to extent, continuity, and brightness of colour, and occasioned by an unusual quantity of blood distributed to several of the cutaneous veins, in some instances

* Hippocrat. Coac. p. 208. (Ed. Fœsii) and page 157. Aphor. 9. lib. VI. Epidem. lib. V. 7. lib. VI. sect. 2. lib. II. p. 1020. lib. VII. p. 1221 & 1235.—Oribas. Synops. VII. 7. Actuar. Med. lib. I. cap. 23. & II. 11. Cels. de Re Med. lib. V. 28.

† See Mercurialis, de Morb. Cut. lib. V. cap. 11. Sennert. Pract. Med. lib. V. part 1. cap. 22. Hafenreffer, lib. I. cap. 13, and Gorræi Definit. Med.

with partial extravaſation. Of theſe Exanthemata, or Raſhes, ſome are contagious, others not; ſome are always febrile, others not manifeſtly attended with fever; ſome continue for a definite time, others are of an uncertain duration. Their generic diviſions may be entitled Rubeola, Scarlatina, Urticaria, Roſeola, Iris, Purpura, Erythema.

I. RUBEOLA, or MEASLES. In this genus the raſh appears moſtly on the fourth day of a febrile diſorder, and after a continuance of four days, gradually declines with the fever. The diſeaſe is contagious, and takes place in children, or in grown perſons of an irritable conſtitution, from ten to fourteen days after they have been expoſed to the infection*. Others, who

* The children of my friend Mr. Pearson were affected with the Measles in the following order.

1. A boy, aged 10, had the eruption on the 5th day of fever, 3 Dec. 1797.
2. A boy, —— 7, —— 6th —— 15.
3. A boy, —— 2, —— 3d —— 15.
4. A girl, —— 11, —— 4th —— 16.
5. A girl, —— 6, —— 5th —— 18.
6. A boy, —— ½, —— 3d —— 27.
7. A girl, —— 13, —— 4th —— 1 Jan. 1798.

The last child came home from school on the 16th, and was, therefore affected with the rash sixteen days after exposure to contagion.

For

who are leſs ſuſceptible, may have frequent communication with perſons affected, during ſeveral ſucceſſive weeks, but the contagion does not act upon them unleſs the body be brought into a feveriſh ſtate by ſome incidental cauſe, as by taking cold, by watching, fatigue, or mental ſuffering. I do not recollect any perſon wholly unſuſceptible of this diſeaſe after repeated expoſure to the contagion, as happens in the Small-pox in a very conſiderable proportion.

The varieties of Rubeola hereafter to be noticed, are Rubeola vulgaris, Rubeola ſine catarrho, and Rubeola nigra.

1. In the RUBEOLA VULGARIS, or uſual form of Meaſles, the ſymptoms prior to the efflorescence are, on the firſt and ſecond days, irregular ſhiverings alternating with heat of the ſkin; general debility, or liſtleſſneſs; fluſhing of the cheeks; giddineſs; a ſenſation of pain or weight acroſs the forehead and eyes, with diſpoſition to ſleep; ſometimes pain of the back and

For eight days before she had catarrhal symptoms, attended with headach and giddiness.

The eldest child of White, King Street, St. James's, had the rash Oct. 31, 1796, the fifth day of fever. Two younger children had the rash on the 11th of November, the fifth day of fever.

Infants at the breast are not so susceptible as children more advanced.

limbs; ſlight ſoreneſs or roughneſs in the throat; loſs of appetite; frequent nauſea; thirſt; a white fur on the tongue; clear, high coloured urine; pulſe much increaſed in frequency, and ſomewhat labouring or irregular. On the third and fourth days, the ſame ſymptoms continue, but with greater violence: the eyes become tender and inflamed; the eye-lids and tarſi appear a little turgid; at the ſame time a ſerous humour is copiouſly diſcharged both from the eyes and noſtrils, which occaſions repeated ſneezing. The diſeaſe during this period, and uſually for two or three days longer, is accompanied with a frequent, dry, cough, hoarſeneſs, difficulty of breathing, and a ſenſe of conſtriction acroſs the cheſt. In children a harſh, ſounding cough often occurs ſeven, ten, fifteen, or twenty days * before the diſeaſe formally commences: all the ſymptoms of the firſt ſtage are in them more ſevere than in adults; and they are affected, more eſpecially if teething, with frequent twitchings, or even with ſtrong convulſive fits, a circumſtance moſtly conſidered as favourable, with which opinion, however, the reſult of my own experience does not coincide.

In those who have a very delicate ſkin, the raſh or efflorescence ſometimes appears partially on the third

* Compare Hoffmann, tom. II. § 1. c. 8. Heberden. Comment. p. 266.

day:

day: a dark, or thickened ſkin, and the application of cold, may, in a few caſes, prevent its being manifeſt till the fifth or ſixth day; but when it is ſaid not to have appeared till after this time, the patient had probably become feveriſh from ſome incidental cauſe *. If the diſeaſe begin with a diſtinct paroxyſm of fever, in a perſon more than twelve years old, the efflorescence takes place almoſt invariably on the fourth day. It is firſt viſible on the forehead, under the chin, or about the throat, then on the noſe, cheeks, and round the mouth, exhibiting elſewhere, in the courſe of this day, only a few ſcattered ſpecks (Stigmata DEF. IV.) with a ſomewhat warmer colour of the ſkin than uſual. It is formed on the neck and breaſt early on the fifth day, and is diffuſed, towards evening or in the night, round the trunk of the body, and along the extremities: during this day, it is moſt full, and vivid, on the face.

The colour of the raſh in the Meaſles is leſs bright than in ſome other diſeaſes of the preſent order. The

* When a person who carries about him the contagion of the Measles gets a Catarrh, or becomes feverish from the causes mentioned page 215, the contagion begins to operate about the fourth day of such a fever, and then excites fresh paroxysms, which, after four days, terminate in the eruption: hence the febrile stage previous to the rash appears in this instance to have the extent of eight days.

preciſe tint on the 5th day is exhibited PL. XX. and XXI. On the eighth day, when the raſh declines, the colour changes to ſomewhat of a yellowiſh hue; ſee PLATE XXII. Fig. 2. The raſh commences with diſtinct, red, and nearly circular dots, about the ſize of thoſe at A. Larger patches appear afterwards, which are not exactly defined, but approach neareſt in their form to the figure of a creſcent, or ſemicircle, as B. B. B. Theſe patches are ſlightly raiſed, and give to the finger the ſenſation of an unequal ſurface. Being examined with attention, they are found to conſiſt merely of cluſters of the ſmall red circles before-mentioned. Many of the patches are interſperſed with the ſame red, circular dots; but there are, for the moſt part, large interſtices of cuticle retaining its uſual colour. From theſe characteriſtic appearances of Rubeola, there are only partial variations; as, 1ſt. The fluſhed and tumefied ſtate of the cheeks, while the fever continues, may obliterate or obſcure the form of the raſh on thoſe portions of the ſurface. 2dly. In infants leſs than a year old the effloreſcence is much ſcattered; and on the cheeks, noſe, backs of the hands, &c. it often conſiſts of diſtinct papulæ, DEF. V. The wriſts, hands, and fingers are alſo frequently papulated in adults. 3dly. In many perſons, at different ages, there are, during

during the height of the efflorescence, lymphatic or miliary vesicles * on the neck, breast, and on the arms, as represented in PLATE XX. C. C.

It is to be observed that, on the fourth day, small dark red patches, in their form nearly resembling those above-described, appear on the palate, uvula, tonsils, and velum pendulum palati. During the fifth day they become more mixed, and terminate in a general

* I inoculated about the same time three children with the fluid contained in these vesicles, but no effect was produced by the inoculation. A similar trial at the Inoculation Hospital proved more successful. Richard Brookes, aged eighteen, was inoculated by Mr. Wachsel, with fluid from the miliary vesicles in measles, and with vaccine virus, January 6, 1800. On the 10th there was some redness and elevation of the cuticle at both the inoculated places. Jan. 15. The redness round the part where the lymph of the measles was inserted had disappeared, while the vaccine pock was vivid. Jan. 18. The vaccine disease was over. Jan. 22. He had severe cough, sneezing, and watery eyes, with cold shiverings and fainting. Jan. 28. The measles appeared: his eyes were inflamed, and the lids swollen. 29. The efflorescence was diffused all over the surface of the body; frequent cough; violent fever. Feb. 1. Efflorescence disappeared; cough and fever much abated. From that time he recovered gradually, and was dismissed in health the 12th of February.

Three children, of one family, infected by him, had the usual efflorescence of measles on the 10th, 11th, and 13th of February. From these the contagion extended to others in the house, three of whom had the efflorescence on the 3d of March, one on the 15th, one on the 18th, one on the 20th, one April 9th.

streaky

ſtreaky redneſs extending to the fauces behind the velum pendulum. This ſtate of the ſurface occaſions the ſenſation of roughneſs in the throat (p. 216), and aggravates the hoarſeneſs already produced by the primary catarrhal inflammation about the larynx, &c.

On the ſixth day of the diſeaſe, the effloreſcence on the face begins to fade and ſubſide, while the patches on the body are moſt red and extended; but theſe, in like manner, change their appearance the day after, loſing gradually their diſtinguiſhing form; ſee page 218. The patches, or papulæ on the back of the hand and wriſt, which uſually appear lateſt, in ſome inſtances on the ſixth or ſeventh day, do not always decline till the eighth day.

On the ninth day there remain only veſtiges of the effloreſcence marked by a ſlight diſcolouration; this, however, diſappears before the end of the tenth day. When the raſh begins to decline on any part, the cuticle becomes dry and rough, and ſoon after ſeparates in ſcurf (DEF. I.) Hence ariſes a very diſagreeable itching of the ſkin, which continues from the ſeventh to the tenth day.

The progreſs of the eruption is ſometimes prematurely checked by expoſure to cold, or by the improper

proper uſe of purgatives. It's retroceſſion occaſions violent delirium, reſtleſſneſs, difficulty of breathing, pain of the bowels, diarrhœa, &c. and always greatly endangers the patient's life *.

The inflammation of the eyes, the diſcharge of tears, the ſneezing, and hoarſeneſs, generally ceaſe on the decline of the effloreſcence about the ſeventh day; at leaſt they are always much abated at that time, and the appetite for food returns. Between the fourth and ſixth day, there is often a hæmorrhage † from the noſe, and in females an appearance of the catamenia out of their courſe; but theſe circumſtances occur in other eruptive diſeaſes.

Dr. Heberden has noticed the following particularities of Rubeola: "One patient was ſeized with a ſpitting on the fourth day, which continued to teize

* Quando morbilli, et variolæ de improviso intus subsidunt, postquam cœperint emergere, et cum molestia simul accidit deliquium, interitus cito deliquium istud sequetur, nisi erumpant denuo. Rhazes, cap. 14. Compare Avicenna De Alhasbet, & Alsaharav. tract. 31. cap. 1. Foresti Obs. 45. l. VI. Schol. and Reports on the Diseases in London, p. 99.

I never saw what is remarked Ed. Med. Essays, V. 28. "that in some instances, after the patients had remained listless for several days or weeks, the eruption came out again." This occurs, however, in the Scarlatina.

† Foresti, Obs. 48. l. V. Hoffmann. tom. II. p. 66.

him for forty-eight hours, without ſuffering him to reſt at all by day, or to ſleep at night: the cough in the mean time almoſt ceaſed, and all the other ſymptoms were as mild as in a favourable ſort of the Meaſles."

" In one or two patients I have ſeen the eruption appear on the arms a few hours after it's having been obſerved on the face and neck."

" Once or twice the diſtemper has been obſerved never to have reached the arms, which parts, through the whole of it, ſhewed none of the uſual ſpots."

" The eye-lids have been ſo ſwelled, on the ſecond day of the eruption, that for twenty-four hours they could not be opened."

" In ſeveral patients the marks on the face have been, the third and even fourth day of the eruption, of as bright a red as ever. In others I have obſerved them to diſappear entirely on this day, and all the other ſymptoms likewiſe to retreat."

" I have noted a very troubleſome and conſtant ſneezing, which firſt came on upon this day."

" A child, five years old, became comatoſe the third day of the eruption, and died the next."

" The longer the preparatory ſymptoms have continued, and the worſe they were, ſo much the less mild the diſtemper proved."

" Thoſe

" Thoſe who have ſhewn the leaſt remains of the eruption after the ſeventh day of the diſeaſe (and ſome have hardly ſhewn any) have appeared the beſt; and in thoſe where it was ſtill in undiminiſhed vigour, the cough and fever have been the worſt."

At the commencement of the eruptive ſtage of the Meaſles, the fever does not receive any immediate alleviation, but is often ſomewhat aggravated. However, the nauſea and vomiting ſeldom continue beyond the fourth day, as Sydenham has juſtly remarked: the diſtreſſing heat, panting, and reſtleſsneſs abate on the ſixth day. When the efflorescence and its concomitant ſymptoms are finally removed about the ninth or tenth day, a diarrhœa, in general, ſupervenes, and is troubleſome for ſeveral days afterward: it ſometimes comes on at an earlier * period of the diſeaſe, eſpecially in children.

In many perſons the cough, ſoon after the diſappearance of the raſh, recommences with violence, being attended with difficulty of breathing, fixed pain in the ſide, fluſhing of the cheeks, quick pulſe, and often with paroxyſms as in a hectic. This ſtate is protracted much longer than pneumonic inflammation produced

* See Syd. sect. 1. c. 5. and Med. Trans. III. 399.

by cold, and more frequently terminates by effuſion into the cavity of the cheſt, or by ſpitting of blood, ſuppuration, and confirmed pulmonary conſumption.

Some other appearances which occaſionally ſucceed the Meaſles likewiſe demand attention. Theſe are, 1ſt. Small hard tumours, like boils, being in the beginning very much inflamed, and ſometimes of a livid colour, afterwards ſuppurating with great pain, and a ſanious diſcharge. They appear moſtly on the back, loins, or lower extremities, and are not readily healed. In children there is an analogous eruption of inflamed puſtules (Phlyzacia DEF. X. 1.) on different parts of the body, but particularly on the feet, legs, thighs, and ſcrotum.

2dly. An eruption round the cheſt, about the mouth, temples, &c. of watery veſicles, in cluſters, with an inflamed baſe, producing much heat, pain, and tingling of the ſkin.

3dly. In infants aphthous ulcerations of the tongue and fauces.

4thly. Soft puſtules containing a viſcid, ſtraw-coloured fluid, (Achores & Favi, DEF. X. 3.) on the head, face, breaſt, and thighs, ſucceeded by ulcerations at the

the corner of the mouth with tumour of the upper lip, ſore eyes and ulcerations of the tarſi, diſcharges from behind the ears, enlargement and tedious ſuppuration of the ſubmaxillary, occipital, axillary, and inguinal glands, ſometimes with pain and ſwelling of the joints*.

5thly. In ſome caſes where no eruption of puſtules, nor ſuperficial ulcerations have preceded, the lymphatic glands of the neck and other parts become conſiderably enlarged: this appearance is ſucceeded by a ſwelling and tenſion of the abdomen, with hectic fever and emaciation.

I never ſaw the Rubeola terminate by gangrenous ulcers of the throat, cheeks, gums, &c. or by caries of the jaw-bones, as ſtated in ſeveral reſpectable authors†.

Thoſe

* See J. J. Schlierbach, in Act. N. C. tom VI. p. 215. ann. 1739.

† Nonnulli ex neglectis aphthis tanta accrevit oris putredo, ut ante instans mortis punctum, mandibulæ sponte exciderint; alias a chirurgis caro circa illas, gangrænâ affecta, omnino resecta fuerit. Eph. Nat. Cur. dec. 1. ann. 2. 1669.

Plus semel hoc mense notavi faucium, et oris gangrænam, maxillæ porro, et vomeris ossis cariem, unde mortem miserrimam—post Morbillos scilicet.—Huxham de Aere, tom II. 137 & 139. The epidemic disease here mentioned was often succeeded by "ophthalmia, angina, ulcera faucium,

Thoſe dreadful ſymptoms more eſpecially belong to another diſeaſe of the preſent order.

The eruptive ſtage of the Meaſles is not attended with much danger, either to infants or adults; but the ſubſequent period may prove fatal to both. Between the ninth and twelfth day, ſome children are unexpectedly attacked with great difficulty of breathing, or ſuffocation *, and die in a few hours. In others, the uſual diarrhœa, beginning about the tenth day, continues, without intermiſſion, ſo long that they become pale, emaciated, and exhauſted: aphthous ulcerations of the mouth, under theſe circumſtances, are generally the fore-runners of death. Adults, as well as children, have, in ſome caſes, hectical paroxyſms twice in twenty-four hours, without any cough or diarrhœa: during the intervals, there is great reſtleſſneſs, panting, and a quick irregular pulſe. The patients thus affected for two or three ſucceſſive weeks, gradually ſink under the complaint: a fatal termination of it

faucium, parotides, cum erysipelate capitis," &c. It was, therefore, probably the Scarlatina anginosa, not the Measles. Huxham, in the early part of his observations, uses without nice discrimination the terms rubeola, morbilli, rubeoli, and rossalia or scarlatina, page 68. Many singular examples of this inaccuracy of language, which has been very injurious to medical science, will appear hereafter.

* See Hoffmann de Febre morbillosâ.

ſeems,

ſeems, however, to be averted by the appearance of boils, puſtules, or ſuppurating tubercles on the ſkin, which operate very favourably with reſpect to the internal diſorder. In like manner the fever, diarrhœa, cough, pain, and dyſpnœa, ſoon abate after an eruption of the Achores, (DEF. X. 3.) and almoſt inſtantaneouſly after an eruption of inflamed watery veſicles round the cheſt, about the hypochondria, &c. page 224. An alleviation takes place, but more ſlowly, in conſequence of a diſcharge from behind or from within the ear, and of ſuppuration in ſome of the lymphatic glands. When nothing of this kind appears externally, the inflammation of the lungs and pleura in adults (page 223) is ſometimes on a ſudden greatly aggravated: the cough ceaſes, reſpiration becomes more and more laborious, with a ſenſe of oppreſſion and anxiety: the eyes are glaſſy, the countenance livid, the extremities cold, the pulſe ſcarcely diſcernible. After a ſtruggle of three or four days, the diſeaſe has a fatal termination, the cauſe of which diſſections have aſcertained, in ſeveral caſes, to be an effuſion, into the cavity of the thorax, of lymph mixed with blood, or matter.

The Rubeola vulgaris is uſually a mild diſeaſe in the ſummer months, being attended with a moderate degree of fever, and but little cough. In January,

February,

February, and March, it is moſt frequent, moſt ſevere, and moſt dangerous. Dr. Sydenham's obſervation* "that the Meaſles, whether regular or anomalous, begin in February, arrive at their acmè about the vernal equinox, then decline till midſummer, and wholly diſappear in July," is not confirmed by other writers, nor ſeems to agree with the experience of practitioners in London at the preſent time†. The diffuſion of contagious diſeaſes may be ſomewhat promoted by the ſtate of the atmoſphere, but it certainly depends much more on other circumſtances; as the full population of any place, the cloſeneſs and want of cleanlineſs in its tenements, the frequent intercourſe between the inhabitants of the diſtrict where infection prevails and thoſe of other towns and cities: laſtly, a greater extent is given to all contagious febrile diſtempers when the public mind is ſtrongly impreſſed with the fear of a hoſtile invaſion, famine, or any general calamity. Of theſe prediſpoſing apprehenſions the dread of contagion itſelf is not the leaſt.

* De Morbillis ann. 1670, page 158, 196. "The Measles take place mostly in autumn, either with a south wind, when the air is turbid and hazy, or when there is rain with any other wind." Rhazes from George Bachtishua. "The Measles, and Small pox are multiplied in hot summers with a south wind." Rhazes, cap. 2. & Avicenna, I. 2. 2. 6. Alsaharavius says, "When the winter is hot and dry, with little rain, then expect the Alhasba" (Measles.) Tr. 31. cap. 1.

† See Reports on the Diseases in London, page 104-5.

the

In the eruptive ſtage of the Rubeola vulgaris, it is neceſſary to enjoin a very light diet, with mild, tepid drinks; and to keep the patient in a moderate degree of warmth, carefully guarding againſt any ſudden changes of temperature. An emetic * given on the ſecond or third evening, ſomewhat alleviates the violence of the catarrhal ſymptoms. During the eruption I have not obſerved any conſiderable effect from antimonials or other diaphoretics: bathing the feet every evening in warm water ſeems to be a more beneficial application. Emulſions and mucilages afford but a very feeble palliation of the cough, and difficulty of breathing. Theſe ſymptoms are relieved by the inspiration of ſteam, which may be further recommended as an effectual mode of promoting perſpiration. The metallic inhalers, uſually employed, convey too ſtrong a heat into the lungs; it will therefore be ſufficient to ſet before the patient a baſon full of hot water, the vapour being ſlightly confined round the head by a piece of cloth or flannel.

The neceſſity of blood-letting in this diſeaſe is generally allowed, authors only differ in reſpect to the time when it may be practiſed with moſt advantage.

* See De Meza, tom. I. 98. Hoffmann. tom. II. p. 63.

Dr. Morton* thinks it requiſite as ſoon as the eruption is compleated, the diſeaſe being, in his opinion, moſt inflammatory at that period.—Sydenham† recommends bleeding after the eruption has diſappeared, and when a difficulty of breathing ſucceeds with ſymptoms of inflammation of the lungs: in that caſe he thinks even infants may be bled with great advantage. Dr. Mead‡ criticiſes the doctrine of both theſe eminent phyſicians, and obſerves that our practice ſhould be regulated by the degree of the pneumonic inflammation, without attending to the particular period of the diſorder, or ſtate of the eruption. Dr. Heberden agrees with him in opinion:—"Bleeding may be uſed at any time of the Meaſles, and is always beneficial where the ſymptoms are very diſtreſſing, particularly an oppreſſion of the breath to which every ſtage of this diſtemper is liable: and bleeding, together with ſuch medicines as the occaſional ſymptoms would require in any other fever, is the whole of the medical care requiſite in the Meaſles. The flowing of the menſes ought to be no objection to the opening of a vein, if the cough and ſhortneſs of breath make it otherwiſe adviſeable. I never ſaw any bad conſequences from bleeding a woman in theſe circumſtances; but the greateſt danger might attend

* De Morbillis, pag. 54. † De Morbillis, ann. 1670.
‡ De Morbillis, 92—95.

the

the omitting to do it in a violent cough and oppreſſion of the breath."

" The Meaſles are far leſs dangerous for pregnant women than the Small-pox. I have attended ſeveral, who were greatly harraſſed by the violence of all the uſual ſymptoms in this illneſs; but I never knew it make one woman miſcarry, or be in more danger on account of the pregnancy *."—It appears further that infants, before birth, may go through the Meaſles without injury, ſome having been born with the actual eruption, others with the veſtiges of it on the ſkin †.

In bleeding infants during the Meaſles, it is not neceſſary to open a vein as Dr. Sydenham has adviſed; but the application of leeches to the upper part of the cheſt, will generally prove advantageous, and may be repeated as the ſymptoms require. It ſeems, however, not improper to bleed, with the lancet, children more than five years old, in the caſe of

* Comment. pag. 271. & Med. Trans. Vol. III. 404.

† Hon. matrona cum dimidiam partem noni mensis imprægnationis attigisset, febre acutâ et quidem malignâ, correpta fuit: Morbilli quinetiam mox per totum corpus eruperunt. Quartâ die morbi, prægnantium doloribus correpta, puellum per totum corpus morbillis contaminatum peperit. Hildan. Obs. Chirurg. 56. Cent. IV. Compare Ephemerid. N. C. DEC. II. Ann. iii. pag. 204. Cent. V. pag. 91. and Rosenstein, chap. XIV. I have not myself ever seen an instance of this kind.

ſudden difficulty of breathing, which threatens to ſuffocate the patient at the concluſion of the diſeaſe, as mentioned page 226.

On the third, fourth, or fifth day of the fever, when there is oppreſſion with anxiety, heaving of the lungs, and a labouring pulſe, moſt practitioners recommend bloodletting in adults. I have not adopted the recommendation unleſs urged by the coincidence of a hard cough, and pains in the cheſt. Thoſe who from doubt, or from ſome collateral motives, are led to await the event, uſually find the pulſe become moderate, and the uneaſy laborious reſpiration terminate in twenty-four hours. This oppressed breathing is, indeed, common to other eruptive fevers, and if it were univerſally conſidered to be an indication for bleeding, the practice would often be more fatal than the diſeaſe. When the efflorescence in Meaſles has wholly diſappeared, and the cough, difficulty of breathing, and pains in the cheſt are very ſevere, bleeding and cupping may perhaps be repeatedly neceſſary. Yet, even in robuſt habits, ſome limitation is requiſite to this mode of practice, ſince it has not an effect in alleviating the ſymptoms, equal to that which is experienced from it in pulmonic inflammations, originating from cold. Hence we ſhould employ as auxiliaries to bleeding, at the latter period of the diſeaſe, bliſters,

bliſters, opium, and demulcent liquors. Sydenham preſcribed an opiate * every night through the whole courſe of the Meaſles; but this plan ſeems not beneficial in the eruptive ſtage: I have obſerved, and myſelf felt, while labouring under the diſeaſe, that opium did not conciliate ſleep, but produced an increaſe of heat and reſtleſſneſs, and therefore ſeldom direct it till the efflorescence has declined. A diarrhœa occurring at this period may be accounted a moſt favourable circumſtance, ſince nothing ſo effectually relieves the peripneumonic ſymptoms, or contributes more to prevent the troubleſome conſequences of the diſeaſe formerly mentioned. The neceſſity of bleeding as a remedy for the diarrhœa is inſiſted on by Dr. Sydenham from theoretical reaſoning †. Experienced practitioners in London ſeem to have now decided, that we ought not much to interfere with this critical evacuation, but rather allow it a free course, at leaſt for ſome days. Where the

* At præ reliquis diacodium omni nocte ab ipso morbi insultu, per totum ejus decursum, exhibendum curavi. Sect. 4. cap. 5.

† Quin diarrhœa quam Morbillos excipere diximus, venæ sectione pariter sanatur: cum enim halitibus inflammati sanguinis in intestina ruentibus ortum suum debeat (quod etiam in pleuritide, peripneumoniâ, aliisque qui ab inflammatione creantur morbis usu venit) a quibus illa ad excretionem stimulantur, sola venæ sectio levamen adferet, a quâ tum revelluntur acres isti humores, tum etiam sanguis ad debitam redigitur temperiem.

diarrhœa

diarrhœa does not thus take place, it is proper to imitate the uſual proceſs of nature, by the occaſional uſe of purgatives, which will always be found to relieve the cough, and by allaying the inflammatory ſymptoms often to ſuperſede the neceſſity of bloodletting.

2. RUBEOLA SINE CATARRHO. When the Meaſles are epidemical, a few caſes occur wherein the eruption goes through its different ſtages without any cough, difficulty of breathing, or inflammation of the eyes; without much alteration in the pulſe, or any febrile ſymptoms*. This variety of Rubeola may be diſtinguiſhed from other effloreſcences, alſo from the Lichen, and Strophulus, by comparing with the account and repreſentations given of thoſe complaints the ſtatement at page 218, and the coloured engravng, PL. XXI. In infants the eruption is more papulated, and the patches often leſs extenſive, than repreſented in the

* So Dr. Heberden; "Some have been so fortunate as to have the Measles appear after suffering so very little from fever, or any of the preparatory symptoms, that they could hardly say they had been ill;" and Sprengel, de Constitut: epid: Halens. anni 1790. Act: Nov. N. C. Tom. VIII. p. 153. "Vidi infantes sanos, robustos, qui nec lecto, nec hypocausto affixi, quatuor diebus liberi fierent ab omni morbi molestiâ. Nulli hic desquamatio obtigit. Remediis fere non opus fuit. An recursui morbillorum genuinorum hæc subjecta obnoxia sunt observare non licuit." The author considers this as the species termed by other German writers morbilli spurii.

plate,

plate, ſo that to diſcriminate with exactneſs, the patient being under two years of age, requires both minute attention, and ſome previous habitude.

An eruption of the Meaſles without fever or catarrhal ſymptoms, though not requiring medicine, merits in this place a ſpecific conſideration, becauſe it does not appear to emancipate the conſtitution from the power of the contagion, nor to prevent the acceſſion of the Rubeola vulgaris at a future period. For two inſtances of this recurrence, being among my own children, and at an interval of two years, I can decidedly anſwer. The particulars are given in the "Reports on the Diſeaſes in London, 1799," page 207. Under what circumſtances the Meaſles have elſewhere occurred two or more times in the ſame perſon, is not eaſily collected from the authors who mention ſuch repetitions of the diſorder *. After an attention for more than twenty years to eruptive complaints, having never met with an individual who had twice had the febrile Rubeola, I am led to ſuſpect ſome miſtake in the caſes adduced contradictory to this obſervation—a miſtake likely to be made, conſidering how difficult it often is to diſtinguiſh the Meaſles from

* See Burserii Instit. Med. Pract. § cxii. & Roberdière, Recherches sur la Rougeole, pag. 3. A Paris, 1776.

Scarlatina,

Scarlatina, Roſeola, Strophulus, &c. conſidering alſo that young practitioners are not leſs forward than thoſe more experienced in publiſhing their obſervations, nor leſs deſirous of eſtabliſhing new doctrines in medicine. I cannot, however, omit the ſingular occurrence of two eruptions of the Meaſles, in the ſame perſon, at a ſhort interval, or of the immediate ſucceſſion of the Rubeola vulgaris to the Rubeola ſine catarrho, noticed (p. 106) in the Reports on Diſeaſes, above quoted. I have ſince ſeen other caſes of the ſame kind, wherein the efflorescence without fever or catarrhal ſymptoms, having declined, there appeared, on the fourth day from its commencement a new efflorescence, and violent diſorder of the conſtitution. Theſe inſtances are perfectly analogous to ſome caſes of Small-pox, in which diſtinct puſtules ariſe without any material complaint, and when theſe decline, about the eighth or ninth day after their appearance, the variolous fever takes place with an eruption of confluent pocks over the whole ſurface of the body.

3. Rubeola nigra. I never ſaw the Rubeola vulgaris intermixed at an early period with petechiæ: but it ſometimes happens, about the ſeventh or eighth day, that the raſh becomes ſuddenly black, or of a dark purple colour, with a mixture of yellow, as repreſented PLATE XXII. Fig. 1. This appearance has continued

ten

ten days, and in ſome caſes longer, without much diſtreſs to the patient*, and with no other ſymptoms of fever than a quick pulſe, and a ſlight degree of languor. It is, however, obſerved by Hoffmann, "Malum dein, quando aliæ maculæ, virulentiæ non expertes, uti petechiæ, purpura, vel etiam puſtulæ ſcorbuticæ, complicantur, vel in fine, cum vitæ diſcrimine, ſuperveniunt†."—In the treatment of this diſeaſe the mineral acids were employed with evident advantage. The only caſe I have ſeen, which terminated fatally, was of a boy under four years of age. He had ſymptoms of Catarrhal Fever on the 17th of

* See Reports on the Diseases of London, page 189.

† Hoffm. op. tom. II. page 67. We might conclude, from the repeated mention of them by certain medical writers, that these appearances are much more frequent and fatal in a hot climate: Signum Alhasbæ mortalis, et pravæ, est livedo coloris, et viriditas, vel color violaceus. Alsaharav: Pract. II. 31. & Avicenna, tom. II. pag. 74.

Dixit F. Mesue: cum vides Blactias coloris fusci, et sunt universaliter per totum corpus, et amplæ; et murmurat, et pigrescit æger, et venter ejus inflatus est, manibusque repercussus sonat ad modum tympani, est malum.

Morbilli fusci quidem pravi sunt, virides autem et violacei, ambo planè lethales. Rhazes de Variol: & Morbillis, cap. 14. Ad Almansor. L. X. cap. 18. & Continent. L. XVIII. cap. 8. Rhazes also mentions an oozing of blood from the patches in the Measles. The above observations, however, cannot be fully depended upon, because most of the Arabian physicians have confounded the symptoms or circumstances of the Measles with those of the Small-pox, and Scarlet Fever.

December, 1799. The uſual efflorescence appeared on the 24th; and after partial deſquamation on the 26th and 27th, became of a livid colour, eſpecially on the breaſt. His fever continued, with a frequent dry cough, with quick laborious breathing, blackneſs of the lips and cheeks, beating at the temples, occaſional delirium, thirſt, nauſea, and frequent ſmall ſlimy offenſive ſtools, till the 8th of January, when his hands began to ſwell, and were ſoon afterward, as alſo the feet, permanently contracted. In this ſtate he died, January 13th, in the morning.

I have not obſerved any other varieties of Rubeola requiring particular conſideration. There is no ſufficient ground, or authority, for the diſtinction of Rubeola variolodes made by Sauvages*. Thoſe who ſpeak of

* He refers to the Journal de Medecine, July 1758, where the complaint mentioned is the zona herpetica, or shingles. The terms Rougeole boutonnée are applied by some French writers to the Chicken-pox: in others they express the appearance of papulæ, and miliary vesicles, along with the usual rash; see above, page 218, & 234. Malouin, Hist. de l'Acad. It is observed, Ed. Med. Ess. V. 27. of the Measles in 1735, "The Exanthemata were of the common form generally, but in some they rose above the surface of the skin as high as the mild kind of Small-pox are generally on the second day; none of them however suppurated." These papulated Measles are called at Edinburgh, "the Nirles," a term likewise applied in Scotland, and the northern counties of England, to denote the Herpes miliaris.

Morbilli

Morbilli ſine Rubeola, and of Febres morbilloſæ ſine Morbillis *, perhaps refine too much:—ſhould the efflorescence be partial, or very obſcure, on the ſurface of the body, it will generally be ſeen in the mouth and fauces (page 219.) Any perſon much expoſed to the breath of patients affected with the Meaſles and Hooping Cough, may, after having had thoſe complaints, be notwithſtanding liable to ſlight inflammation of the eyes, ſneezing, and ſevere cough, with ſome febrile ſymptoms; but the Febris morbilloſa of Sydenham †, and De Haen is not of this nature: it ſhould rather be ranked among the ſpecies of epidemic Catarrh, a diſeaſe which often occurs at ſeaſons when the Meaſles are moſt prevalent, and which ſeems annually to viſit our metropolis ‡.

* De Haen de Febr. divis. 17. § 6. Ed. Med. Essays, vol. V. pag. 29. Act. Nova, tom. VIII. pag. 183.

" J'ai vu, tandisque la Rougeole règnoit en ce pays, quantitè de Fievres morbilleuses sans eruption, chez ceux surtout qui avoient dejà eprouvè cette maladie. Cette espece de fievre, plus maligne en quelque sorte que l'eruptive, en avoit tous les symptomes au dèrnier degrè, de sorte qu'on ne pouvoit se mèprendre, et la regarder pour autre chose qu'une Fievre morbilleuse, qui ne differoit de la Rougeole, que par une apparence extèrieure."—Roberdière, pag. 7. 8.

† De Morbillis, ann. 1674.

‡ See Reports on the Diseases in London, pages 2. 59. 76. 146. 253.

In the Morbilli anomali ann. 1674, mentioned by Sydenham, the anomaly is referable merely to the following points: 1ſt. The raſh occurred a few hours ſooner or later than in the regular Meaſles of 1670. 2dly. It appeared firſt on the ſhoulders and trunk of the body, not on the face. 3dly. It was not often followed by desquamation of the cuticle.—In every other reſpect the diſeaſe of 1674 agreed with that of the year 1670, and required the ſame mode of treatment. The irregularities noticed by Burſerius (§ CI.) chiefly relate to the form and duration of the fever attending the Meaſles.

It may be proper here to notice the "Putrid Meaſles," obſerved by the late Sir William Watſon among the children at the Foundling Hoſpital, in 1763 and 1768; see Med. Obſ. Vol. IV. In this diſeaſe there was a cough, and watery inflamed eyes, but "the eruption appeared, over nearly the whole body, on the ſecond day"; "the fauces were of a deep red colour"; "the pulſe was very quick, but low"; "the patients complained of extreme weakneſs, and could not bear bleeding"; "their oppreſſed and difficult breathing was attended with great reſtleſſneſs, and anxiety, but with ſcarce any expectoration throughout"; "ſome died under laborious respiration, more from a dyſenteric purging"; "ſeveral were ſo debilitated that they refuſed

fuſed to take almoſt any nouriſhment, and ſunk quite emaciated, one ſo late as ſix weeks after the attack"; "ſome caſes terminated in mortification of the rectum, pudenda, cheeks, gums, &c. others with caries of the jaw bones". Theſe circumſtances do not belong to the Rubeola, or Meaſles generically conſidered; they are, indeed, ranked otherwiſe in Sir W. Watſon's own ſtatement reſpecting the diſeaſe, which he refers to the Morbilli maligni, or epidemii, deſcribed by Morton*. Now it muſt be obſerved, Dr. Morton expreſsly maintains that the Meaſles and Scarlatina are the ſame diſeaſe, with no more variation in their form than there is between the diſtinct and confluent Small-pox†; he has therefore conjoined their principal ſymptoms (cap. iii.), and wiſhes to baniſh the diſtinction, and the very name of Scarlatina from medical

* Dr. M. also terms them Morbilli ſpurii, pag. 33. 41. 55. 86. &c. De Morbillis et Febre Scarlatina. These "malignant" or "ſpurious Measles," were, in some cases, attended with peripneumonic symptoms, in others with angina, or ulcerations of the fauces and parts adjoining, said to have been fatal, by a sudden strangulation, to many hundreds, during the year 1672.

† De Morbillis & Febre Scarlatina, cap. 4 & 5. Febris Scarlatina quoad causas, symptomata, differentias, prognostica, indicationes curativas, et methodum medendi, idem ipsissimus morbus est ac Morbilli. Pag. 7.

language.

language*. In this wiſh Dr. Morton has not ſucceeded: hence thoſe readers who attend, not to the names of things, but to the things themſelves as deſcribed, will find that the Morbilli maligni, Morbilli epidemii, Morbilli ſpurii, and Febris morbilloſa peſtilentialis, in his writings, have no relation to the Meaſles, but conſtitute the diſeaſe, to which other writers have given the titles of Angina maligna, Ang. epidemica, Ang. peſtilentialis, Ang. ignea, Scarlatina anginoſa, Scarlatina maligna, &c. &c.†

Sir

* "Exulet igitur per me e censu morborum hæcce febris, nisi cuiquam Morbillorum confluentium titulo eam designare in posterum visum fuerit." Dr. M. accordingly subjoins histories of Measles, and Scarlatina, taken indiscriminately. The first case, which is given as a specimen of the Morbilli epidemii of 1672, must according to Dr. Morton's own definition (page 39), be considered as a case of Scarlatina; for he says efflorescentia morbillosa—summè inflammata, ferè ad instar erysipelatis, apparebat; and applies nearly the same terms, in the second case, to express the efflorescence of an acknowledged Scarlet Fever. The last case entitled Febris Scarlatina symptomatis dirissimis, et pestilentialibus comitata, he refers to "a morbillous poison", which, when it cannot be propelled through the cuticle, usually falls upon the glands of the nostrils, fauces, groin, &c. producing inflammation, and ulceration of them, also carcinoma, buboes, and swelled parotids.

† The same observations apply to the passages quoted from Huxham in Sir W. Watson's paper. See above, Pag. 225. Dr. Morton might have been defended from the severe censure on his accuracy respecting the fatality of the Morbilli maligni, (Med. Obs. IV. 30), by allowing him

the

Sir William Watſon probably firſt adopted Dr. Morton's opinion, and nomenclature, about the year 1768; ſee Med. Obſ. IV. p. 133. In 1763, his technical terms ſeem to have been different: he ſays, Med. Obſ. IV. p. 136, "The firſt perſon ſeized with the Epidemic Meaſles was on April the twenty-firſt", but in the weekly Report of the ſick to the Hoſpital Committee, and in the Apothecary's book, this caſe is denominated "Eruptive Fever"*. The two other caſes, ſaid, Med. Obſ. p. 137, to have occurred between the 21ſt of April and the 4th of May, are not entered in the written books under the denomination of "Meaſles": one is termed "Eruptive Fever", the other "Scarlet Fever"†. From theſe ſources one hundred and eighty children

the claſſical licence to use the numeral "tercentos" indefinitely, did not the adverbs "plus, minus" rather too ſtrongly convey an intention of fixing the average of deaths by this malignant disorder at 300 a week in London, during the autumnal months of 1672.

* "Mary Grant, April 21, Eruptive Fever and Mortification. Died May 3d, 1763".

† "Edward Page, April 26, Scarlet Fever". "Hester Fox, April 30, Eruptive Fever." One of the firſt caſes is alſo termed "Fever with a Raſh;" ſome others are entitled "Fever" ſimply. The varieties of Scarlatina were not named, or diſtinguiſhed, by Engliſh phyſicians, for many years after the date of Sir William Watſon's Eſſay. Hence, in connecting his obſervations with thoſe of preceding writers, he was probably led to use their terms and diſtinctions, and

children were ſoon affected with the diſeaſe in queſtion, every caſe of which is termed "Eruptive Fever", no mention being made of Meaſles in the Report-book till the latter end of November, when ten caſes are entered under the name of "Morbillous Fever". This, however, had no connexion with the preceding "Eruptive Fevers", which, according to the printed account, (page 137) wholly ceaſed on the 9th of June *.—In 1766 many of the

and to entitle his paper "an Account of Putrid Measles," instead of Putrid Scarlet Fever. The symptoms detailed coincide with those of the latter disease; and I have no doubt, considering the gradual change of medical nomenclature since 1769, that, if Sir W. W. had written 18 years later, on the same subject, he would have prefixed a different title.

* Sir W. Watson's statement has led several persons to suspect, that, from the virulent symptoms of a disease always reputed inflammatory, there must be something amiss in the state of the air, the diet, or general management of the children at the Foundling Hospital. For this suspicion there is no ground. The regulations remain nearly the same as first framed by the Governors, yet their active and intelligent physician, Dr. Stanger, informs me that the Measles, during the last twelve years, have never appeared in any other form than as described by Sydenham; and though frequently occurring there, that they have not been fatal beyond the usual proportion. Thus, in the year 1798, 25 boys, and 44 girls, had the Measles: 6 of the latter died. In Autumn 1800, 29 boys, 37 girls were affected, and 4 boys died of the disease, or its consequences. In 1794, 28 had the Measles, and all recovered. In 1802, 1 died out of 8 children affected.—Particular cases may occur wherein

the Foundling children, particularly thoſe placed at Weſterham hoſpital in Kent, are ſaid to have been affected with "Eruptive Fevers and Sore-throats", a title not afterwards employed. The Meaſles appeared among the children of the Foundling Hoſpital at the beginning of March 1770, and continued ſome time. In May, the Scarlatina and Meaſles ſeem to have occurred together, and to be diſtinguiſhed according to Dr. Morton's nomenclature, as follows,—"Meaſles," "Meaſles and Sore-throat" or "Meaſles and ulcerated Sore-throat," and Meaſles with "Putrid Fever." The denomination "Scarlet Fever and Sore-throat," firſt occurs in the weekly Report, 1ſt Sept. 1787. About the ſame time, in the preſcription book appropriated to the Meaſles, a ſeparate entry is made of Scarlatina, this generic title being at length applied, when the diſeaſe, after a dreadful ravage during two ſucceſſive years, had fully impreſſed the inhabitants of London with a knowledge of its diſtinctive character, and peculiar virulence.

An author of great reſpectability, in the year 1751, has ranked the Scarlatina maligna as a malignant and

wherein symptoms of putrescence appear during the latter stages; (pag. 237). Of such cases I have only noticed five, in a practice of 24 years: many practitioners, who have been established 50 years, have not seen them in a greater proportion: I never yet conversed with any one who had noted putrid Measles occurring epidemically.

putrid form of the Meaſles, which, " when it occurs epidemically, with a ſore throat, inflammation within the cheſt, ulceration of the glands, ſtrangulation, and ſphacelus of the fauces", he thinks the moſt fatal of European diſeaſes*. Another phyſician, cotemporary with Dr. Watſon, has written a paper very ſimilar to his, in the Acta nova Ac. nat: cur: (tom. VIII. p. 186.) on the malignant Meaſles, " Morbilli malignè graſſantes", at Eiſenach, between 1759 and 1763. He ſays, " Vix unquam ſine ſymptomatibus anginoſis primus morbus fuit": the other circumſtances narrated agree with thoſe of the Scarlatina anginoſa, or maligna; and the remedy principally recommended is Peruvian bark. This paper ſcarcely requires further conſideration, the author having fully expreſſed his ſentiments, that the Meaſles and Scarlatina (Maaſern

* Philip. de Violante, De Morbillis, § xiv. & xv. His general ſtatement, which is applicable to the Scarlatina only, he has exemplified by a particular account, § xvi. Hæc epidemia Viennæ Auſtriæ, anno 1732 viſa fuit. Primò, febre valde acuta, et inflammante, ægrotantes adoriebantur; et in primâ febris periodo Morbillorum eruptio apparebat: maculæ verò in hac corporis parte rubræ, in illâ pallidæ conſpiciebantur, cum faucium inflammatione. 2da vel 3tiâ febris die ſphacelus in faucibus aderat; alvus laxa erat; maculæ evaneſcebant; poſtremò ægrotantes brevi temporis ſpatio moriebantur, 9tiâ ſcilicet, vel ad ſummum 4to ægrotationis die.

and

and Röethe) do not in any reſpect differ from each other *.

The year after Sir William Watſon's obſervations were publiſhed, Dr. Grant deſcribed the Scarlatina, which was ſtill epidemic in London, under a new title, Angina eryſipelatoſa, as if it had been an unuſual diſeaſe. He wrote, about ſix years afterwards, "An account of a Fever and Sore-throat, which began to appear in September 1776." This diſeaſe, he then obſerves, had been with propriety† called Scarlatina anginoſa, yet he neither adopts that title, nor retains the name before given by himſelf, preferring another, Angina mucoſa, as more applicable. In 1777-8, Dr. Leviſon, Phyſician to the General Medical Aſylum, Welbeck-Street, publiſhed a treatiſe on the ſame complaint, by

* The same opinion is held by Ludwig, Tentamen de Febrium nat: et cur. p. 185. and by many other German writers. Some, however, consider the Scarlatina Febris, or Scarlatina simplex, as a distinct, independent disease, but rank the anginose, and gangrenous forms of it under the genus Rubeola, or sometimes under different titles. Sauvages himself has quoted in his nosology, at the article Rubeola anginosa, an epidemic "Scarlet Fever and Sore throat", so denominated Ed. Med. Ess. Vol. III. Pag. 26-7. Sennertus, and more than thirty other medical writers after him, have considered Scarlatina as a species of the Morbilli.

† Referring to Cullen's Nosology, published about that time.

him denominated an "Epidemical Sore-throat." It was ſometimes, he ſays, without, ſometimes with, a miliary, or ſcarlet efflorescence on the ſkin; and adds, that in ſeveral inſtances "this diſeaſe was miſtaken for the Meaſles, not only becauſe the cough was an idiopathic ſymptom of the ſame, but becauſe the efflorescence of the benign kind was very ſimilar to that of the Meaſles, which were alſo epidemical at the latter end of Auguſt". Dr. Levison conſiders "the Sore-throat as the genuine and principal diſeaſe", to which, in Autumn, he thinks "two other epidemics, namely, either the Scarlet, or Miliary, Fever, and a purging, like the autumnal Dyſentery, were joined" incidentally, both of them being, in his opinion, unconnected with the primary epidemic Angina.—I have quoted theſe obſervations of a phyſician reſiding in the city of London, and of another in Weſtminſter, as a farther proof of the unſettled ſtate of opinions and nomenclature reſpecting the Scarlatina, till after the year 1780.

The original writers on the Meaſles, who were all of the Saracenic ſchool, have created no little confuſion by deſcribing the Small-pox and Meaſles as one and the ſame diſeaſe—a diſeaſe admitting, in their judgment, of ſome variation in its form, and with ſymptoms more or leſs urgent in different caſes. This error was tranſmitted by medical authors through more than 8 centuries.

It

It is unneceſſary here to review the primary accounts of the Meaſles, given by the phyſicians of Egypt and Arabia, ſince their obſervations from the year 600 to the middle of the 9th century, appear together in a curious tract publiſhed by Rhazes ſoon after the latter period*. The following ſpecimen of their manner is taken from Judæus and George Bactiſhua: "Et ſigna Blactiarum (Morbillorum) ſunt febris acuta vehemens, anguſtia, et murmuratio, et labor aſſiduus, deſiccatio linguæ, ſputum groſſum, vox groſſa et rauca, tempora elevata, ponderoſitas capitis et pectoris, impedimentum anhelitûs, rubedo faciei, tuſſis, oculi rubicundi, lachrymæ, ſternutatio, et nauſea cum abominatione: et Blactiæ accidunt ſubito, et Variolæ ſucceſſivè. Et Blactiæ, viridis, et violacei coloris, ſunt malæ, et propriè cum apparent et abſentantur ſubito, quia ſyncopizabit patiens cum tremore cordis, et velociter moritur."

Rhazes himſelf, though he conſiders the Meaſles and Small-pox as the ſame diſeaſe generically, and requiring a ſimilar mode of treatment, has yet been more anxious than any of his countrymen to point out their ſpecific differences. The Meaſles, he obſerves, appear later in the fever, ſometimes on the 9th day, or

* Rhaz. De Variolis et Morbillis, in Continent. Lib. XVIII. cap. 8. interprete Feragio Judæo, A. D. 1486.

even

even after it, adding, "Cum vides in autumno dolorem lumborum cum febre, ſecurus ſis de Variolis, non tamen de Blactiis, quoniam cum Blactiis non eſt dolor lumborum.....Scias etiam quod Variolæ humidæ ſunt, et Blactiæ aridæ et ſiccæ..... Et aliquando apparent Variolæ ſimiles Blactiis, et aliquis medicus dixit, quod Blactiæ vertuntur in Variolas. Et inveni quod differentia eſt inter has, quia Blactiæ ſunt rubeæ, et apparent in ſuperficie cutis ſicut Ignis Perſicus; (ſee Herpes, ORD. IV.) et non ſunt profundæ eminentiæ, nec eminentes: et Variolæ habent eminentiam, ac rotunditatem; et acuas tu benè intentionem tuam ſuper hoc; et cum hoc tibi non erit intelligibile, et ſenſui occultatum, non judices ſuprà ipſum quouſque tranſeat dies ſeptimus; et illæ quæ non ſunt eminentes, non debent Variolæ appellari *".

There is no trace in medical hiſtory of the origin and primary cauſe of the Meaſles. Aaron, a phyſician of Alexandria, cotemporary with Mahomet, and the firſt mentioned writer on this ſubject, does not ſpeak of the Small-pox and Meaſles as new, or unuſual diſeaſes. He conſiders them, eſpecially when having a livid appearance, as highly malignant, and in other re-

* Loc. cit. Compare Avicenna, Tom. II. page 74, and Haly Abb. Theorice, VIII. 14.

ſpects

ſpects ſimilar to the Anthraces, or Carbuncles of the groin, axillæ, &c. which were often epidemical in the climate where he reſided, and fatal within four or five days. Another antient author obſerves, (in libro de abbreviationibus) that "the Small-pox and Meaſles may be, at any time, excited by dead bodies putrefying and corrupting the air, but eſpecially during the ſummer ſeaſon, and in perſons who have long omitted bloodletting." On theſe points Rhazes ſays he could not collect any thing ſatisfactory from his immediate predeceſſors *. He takes it for granted that the Small-pox and Meaſles were known to Galen more than 600 years before his own time, being miſled by ſome incorrect tranſlation of Galen's works into the Arabian language. The paſſages which he quotes have certainly not the leaſt relation to the diſeaſes above mentioned †. Indeed no deſcription of them, nor the ſlighteſt collateral hint, appears in the writings of the Greek phyſicians, which could lead us to ſuppoſe they had any knowledge on the ſubject. Some modern wri-

* Nihilominus ex iis ne unus quidem est, qui memoravit causam ejus morbi efficientem, et quare eveniat ut illum vix effugiat vel unus mortalium.

† The mis-translated terms are, Phlegmonæ, Erysipelata, Herpetes, and Ionthi (pimples of the face), in Tr. I. de compos. med. sec. loc. De Prognos. a pulsib. Lib. ii. and De usu partium Lib. ix.

ters

ters have held a contrary opinion, maintaining that Hippocrates and his ſucceſſors applied to the Meaſles and Small-pox the denominations of Exanthemata, Ecthymata, Ecphymata, Eczemata, Eryſipelata, Herpetes, Anthraces, &c. Now ſome of theſe terms have been ſtrictly defined, and in a way which admits of no ſuch application; the reſt are left indefinite, and although intended to expreſs generally eruptions on the ſkin, yet have not been appropriated to any particular form of them. A controverſy founded on materials ſo ſlight and unſatisfactory, was carried on with ardour during a part of the laſt century, but need not at this time be revived when it is nearly conſigned to oblivion.

ORDER

ORDER III.

II. SCARLATINA.

THE SCARLATINA* is characterized by a close efflorescence, of a scarlet colour, appearing on the surface of the body, or within the mouth and fauces, usually on the second day of a febrile disorder, and terminating in about five days, but without certainty of a crisis

* Nomina morbi varia, erronea sæpe, ineptaque, quibus eum medici quondam appellarunt, laudatis in scriptoribus invenire est, Scarlatinæ nomine, barbaro satis, a colore panni vulgò sic appellati, mutuato, civitateque, ut videtur, in arte donata. Est febris acuta, exanthematica, rubras, easdemque latas, maculas proferens, organa deglutitionis non rarò impetens, epidermidis in desquamationem abeuns, et infamis præcipuè periodo suâ alterâ, unius, alterius, tertiæ, et ultra, septimanæ, quâ tumore corporis vario, anxietate, debilitate, hominem non raró in longè majus discrimen quam in periodo priore conjicit. De Haen. Rat. Med. Continuat. tom. I. c. 7.

The denomination Scarlatina was first applied to this disease by British writers: however offensive the term may be to a classical ear, it cannot well be displaced, having found admission into all the systems of Nosology. Another age will correct and refine the language now used on subjects untouched by the Fathers of Physic.

to the fever. This diſeaſe ſpreads rapidly, by contagion, among children, in whom the eruption often appears five or ſix days after they have been infected*. The ſuſceptibility of infection is, however, very different in different perſons; it alſo differs in the ſame individuals at different times. I have ſeen, in numerous families, one child have the Scarlatina without communicating it to any of the reſt; yet, perhaps, in the ſucceeding autumn, ſeveral of them were infected by only paſſing near a patient recovering from the diſeaſe, or by touching thoſe who had a little time before viſited ſome perſon affected with it. Adults are not very ſuſceptible of the contagion: ſeveral phyſicians and apothecaries of London have never felt it's effects, notwithſtanding their attendance on many hundreds in the diſeaſe, often under the moſt unfavourable circumſtances.

The generic term SCARLATINA compriſes three varieties, which may be denominated Scarlatina ſimplex, Scarlatina anginoſa, and Scarlatina maligna.

1. SCARLATINA SIMPLEX. This form of the diſeaſe conſiſts merely of the raſh, and a moderate degree of

* Dr. Withering says, "I have repeatedly had occasion to observe, that it is upon the third or fourth day after exposure to contagion, that the patients begin to complain." On the Scarlet Fever and Sore-throat, page 61. See Heberden, Comment. de Morb. Page 20.

fever

fever for three or four days, not being, like the two other ſpecies, attended with any local ſwelling, inflammation, or ulcer. The firſt ſymptoms are, general debility, nauſea, and ſlight ſucceſſive ſhiverings, terminated at length by conſiderable heat and thirſt. On the ſecond day, numerous ſpecks, or minute patches, of a vivid red colour, appear about the face and neck: within 24 hours, a ſimilar efflorescence is diffuſed over the ſurface of the body, likewiſe in the noſtrils, on the inſide of the lips, cheeks, and eye-lids, over the tongue, palate, and the whole fauces. Theſe internal parts being red, the effects of the diſeaſe upon them do not perhaps attract attention till the high ſcarlet fluſh be produced. A ſtudious obſerver can, therefore, beſt trace on the external ſurface the gradual progreſs of the raſh. It is at firſt compoſed of innumerable red points (PLATE XXIII. Fig. 2. A.) with interſtices of the uſual colour of the ſkin. Moſt of theſe interſtices are obliterated by a diffuſe redneſs on the third day, and the efflorescence becomes almoſt continuous on the cheeks, and over the limbs, particularly round the fingers, aſſuming the full ſcarlet colour, which characterizes the diſorder. Several papulæ (DEF. V.) are ſcattered on the back of the hand, breaſt, arms, and lower extremities. All that extent of ſurface is indeed rough like cutis anſerina, but red and tenſe from the great quantity of blood diſtributed to the cutaneous

veſſels, to the miliary glands, to the bulbs of the ſmall hairs, and to the papillæ of the ſkin. See PLATE XXIII. Fig 1. B.B.B.* and PLATE XXIV. Fig 2. A.A. On the trunk of the body, the efflorescence is ſeldom univerſal, but either forms many ſeparate patches, greatly diverſified as to their ſize and outline (XXIII. 2.) or extends in ramifications, appearing ſomewhat like a reticular diſtribution of ſmall veſſels injected with wax, in an anatomical preparation. PLATE XXIV. Fig. 2. B.B. On the loins, and nates, and within the flexures of the joints, the ſcarlet colour is moſt ſtrong, and general: in thoſe ſituations it alſo remains the longeſt time. The raſh is always leſs florid in the morning than at night, its colour being higheſt on the third and fourth evening. On the fifth day it begins to decline, the interſtices becoming larger, and the ſcarlet hue leſs vivid†: (See Fig. 2, PLATE XXIII.) On the ſixth day it's appearance is very indiſtinct, and it is wholly gone before the end of the ſeventh. Between the fourth

* In this Plate, Fig. 1, which was correctly drawn, represents the scarlet efflorescence not as an universal, uninterrupted flush over the whole surface of the body (una continuata rubedo, Dr. Morton, pag. 27,) but under its usual appearance on many parts, with intervals of skin-colour, C.C.C.C. having a very irregular form.

† At this time, and on the second day, when the efflorescence appears most in patches, minute attention is requisite to distinguish Scarlatina from the Measles. See page 260.

and

and ſeventh day there is often a ſcattered eruption of minute ſemi-globular veſicles (Def. X. 4.) containing a thin pearl-coloured fluid. They riſe on the temples under the hair, alſo on the neck, breaſt, and ſhoulders, ſucceeding one another without any certain order*. On the fifth day a ſlight ſcurfineſs ſometimes appears about the temples, neck, or breaſt, but a more general ſeparation of the cuticle† takes place on the eighth and ninth days. This proceſs, when the raſh has been very full, occaſions the ſpeckled appearance, repreſented (PLATE XXIII. Fig. 3. A.) Sometimes large pieces of the cuticle come off entire, more eſpecially from the hands, fingers, and feet, a new cuticle having been previouſly formed underneath. There is likewiſe, on the limbs, an appearance as of round, white veſicles, which, however, on being opened, are ſeldom found to contain

* See PLATE XXIII. Fig. 1. A.A.A. Miliary pustules occur in almost every form of rash, (See page 219.) From their occasional appearance in the Scarlatina, Vogel and Burserius have thought proper to establish a variety of this disease, entitled by them Scarl. complicata, or pustularis, Inst. Med. tom. ii. §. 62. For the Scarlatina variolosa of Sauvages (Nosol. Meth.) there is no better foundation.

† Maculis demum evanescentibus, decedenteque subjectâ cuticulâ, restant furfuraceæ quædam squamulæ, ad instar farinæ, corpori inspersæ, quæ ad secundam aut tertiam vicem se produnt, conduntque vicissim. Syd. Sect. 6. cap. ii.

any

any fluid. Theſe have been noticed by many authors*, and may, I think, be thus explained.—When the larger papulæ ſubſide by the great contraction of the cutaneous veſſels at the decline of the efflo-reſcence, the portions of cuticle suddenly raiſed up at their formation, and detached from the former points of adheſion, cannot contract along with them, but remain prominent for a ſhort time, and then fall off in ſcurf†.

The pulſe, during the eruptive ſtage of the Scarlatina ſimplex, is uſually very quick and feeble. The

* See Plenciz. Tract. de Scarlatinâ; Rosenstein, on the Diseases of Children, Chap. xvi.

Vesiculæ ampliores, vacuæ tamen, bullas a combustione repræsentantes exsurgunt. S. P. de Meza, Compend. Med. Pract. pag. 59.

" In one man, when the scarlet of the skin was turning brown, several white blisters arose upon different parts of his hands and feet, which, when cut open appeared quite dry; but in a boy who had similar blisters, some of which were cut in a few hours after their appearance, a thin pellucid, watery fluid, was discharged." Withering, on the Scarlet Fever and Sore-throat, Page 21.

" In several instances, an eruption of white blisters succeeded their recovery. This form of the disease has been called by Sauvage, Scarlatina variolosa." Prof. Rush of Philadelphia, Medical Inquiries and Observations, pag. 123.

† The bases of these supposed vesicles, as they appear after desquamation, are represented, PLATE XXIII. Fig. 3. B.

tongue

tongue exhibits, on its upper ſurface, a whitiſh fur, through which the elongated papillæ extend their ſcarlet points; the ſides of the tongue are of a darker red colour. The urine is clear, and of a bright ſtraw colour. The face is conſiderably tumified. In ſome caſes, the ſcarlet efflorescence may be obſerved on the tunica albuginea, when the eyes appear red, bright, and humid, but without any material increaſe of the lachrymal ſecretion. There is uſually great reſtleſſneſs, with a ſenſe of itching or tingling in the ſkin, and often ſlight delirium. Theſe ſymptoms continue with more or leſs violence from three to ſeven days. A few patients eſcape without fever, pain, or any particular uneaſineſs*.

Although the Meaſles and Scarlatina are now known to ariſe from different modes of contagion, yet ſo many authors have conſidered them as varieties of the ſame diſeaſe, that it may be allowable in this place to recapitulate their diagnoſtic characters.

* Alii postquam levissima hujus morbi signa per biduum experti sunt nullo negotio convaluerunt, Heberden, Comment. p. 23. Compare Sydenh. p. 6. 2. De Gorter Prax. Med. ii. 196. Prosp: Martian: in Hipp: Epid. L. ii. S. 3.

1ſt. The

1ſt. The efflorescence in Scarlatina generally appears on the ſecond day of fever: in the Meaſles it is ſeldom viſible till the fourth.

2dly. It is much more full and ſpreading in the former diſeaſe than the latter, and conſiſts of innumerable points and ſpecks under the cuticle, intermixed with minute papulæ, in ſome caſes forming continuous, irregular patches, in others coaleſcing into an uniform fluſh over a conſiderable extent of ſurface. In the Meaſles the raſh is compoſed of circular dots partly diſtinct, partly ſet in ſmall clusters or patches, and a little elevated, ſo as to give the ſenſation of roughneſs when a finger is paſſed over them. Theſe patches are ſeldom confluent, but form a number of creſcents, or ſegments of circles*, (ſee PLATES XX. XXI.) with large intervening portions of cuticle, which retain their uſual appearance. The colour of the raſh is alſo different in the two diſeaſes, being a vivid red in the Scarlatina, like that of a boiled lobſter's ſhell; but in the Meaſles a dark red, with nearly the hue of a raſberry.

* In Scarlatina, when any part of the rash has a tendency to circular forms, the circles are usually completed. See PL. XXIII. Fig 2. B.B.B. Sometimes the circumferences of these circles intersect each other variously. PL. XXIV. 2.

3dly. During

3dly. During their febrile ſtage, the Meaſles are diſtinguiſhed by an obſtinate harſh cough, forcing up, in repeated paroxyms, a tough, acrimonious phlegm,—by an inflammation of the eyes and eyelids, with great ſenſibility to light,—by an increaſed diſcharge from the lachrymal gland, ſneezing, &c. The Scarlatina is frequently attended with a cough, alſo with redneſs of the eyes from an extenſion of the raſh to the tunica albuginea, circumſtances which render the diſtinction between this complaint and Meaſles particularly difficult, if other ſymptoms be not clear and deciſive. On minute obſervation, however, it will be generally, perhaps always, found, that the cough in Scarlatina is ſhort and irritating, without expectoration; that the redneſs of the eye is not attended with intolerance of light, that the ciliary glands are not affected; and that, although the eyes appear ſhining and watery, they never overflow.

4th. Moſt writers on the ſubject, in diſtinguiſhing Scarlatina from Meaſles, and other eruptive complaints, obſerve that there is a peculiar ſenſation of anxiety, depreſſion, and faintneſs, in all caſes of it which are attended with fever.

5th. When the raſh appears on the third or fourth day, being ſcattered, and of a dark ſhade of colour,

as frequently happens in the two latter varieties of Scarlatina, the diſeaſe may be diſtinguiſhed from Meaſles by the appearances in the throat, by the rigidity of the muſcles of the neck, and other peculiar ſymptoms hereafter to be deſcribed.

2. SCARLATINA ANGINOSA. In this ſpecies of the diſeaſe, there is ſuperadded to the fever and efflorescence, a conſiderable ſwelling of the tonſils, velum pendulum palati, and uvula, accompanied with a florid redneſs of their whole ſurface, often terminating in numerous ſlight ulcerations. The Scarlatina, principally under this form, was, in London, the leading epidemic of the year 1786. It occurred in 1785 ſporadically, as uſual, from about the middle of March to the end of November, and then ceaſed till the month of May enſuing. During that interval, there was a more general diffuſion of the Meaſles than had been obſerved for many years before. They firſt appeared in the eaſtern confines of the city, and afterwards ſpread from thence rapidly through Weſtminſter and all the adjacent villages. The Scarlatina ſimplex, and anginoſa, recommencing in May, followed nearly the ſame courſe as the Meaſles, and were not frequent in Weſtminſter till September: in the courſe of the next three months, the moſt unfavourable ſpecies of the diſeaſe was diffuſed over that quarter of the me

tropolis,

tropolis, and very often proved fatal. Caſes of Scarlatina, during the year 1786, exceeded in number the the ſum of all other febrile diſeaſes within the ſame period. Since that time the diſeaſe, occurring annually, has had a different extent, and ſhewn different degrees of virulence, in different years, but without any material variation of its form.

The primary febrile ſymptoms of the Scarlatina anginoſa are the ſame as thoſe mentioned page 255, but more violent. The affection of the throat ſometimes begins with the fever, at other times is not perceptible till the ſcarlet efflorescence has arrived at its height: moſt frequently it is felt when the raſh appears, and increaſes and declines with it. A ſudden ſenſation of ſtiffneſs in the muſcles of the neck, and lower jaw, takes place at the beginning of the diſeaſe. On the ſecond day of fever the throat is rough and ſtraitened, the voice becomes hoarſe, and deglutition is performed with pain and difficulty. Theſe ſymptoms are attended, on the ſecond, third, and fourth day, with nauſea, vomiting of bile, headach, delirium *, reſtleſſ-

* "In Febre rubrâ ægri vel ipso primo die delirant; atque interdum, licet omni alio periculi indicio vacent, tamen non ceſſant aliena loqui ſingulis noctibus ab initio morbi usque ad finem. Heberden, Comment. page 19.

"The tendency to delirium prevailed in proportion to the intensity of the redness in the eyes." Withering, pag. 16.

neſs, and great heat*, with a feeble fluttering pulſe, a quick reſpiration†, and extreme languor or faintneſs. On examining the throat, there appears a conſiderable enlargement of the tonſils, and a florid redneſs of their ſurface, which extends over the palate, it's velum pendulum, the uvula, and poſterior part of the fauces. The tongue alſo aſſumes a high red colour; and the papillæ over its whole ſurface are greatly elongated. The repreſentation (PLATE XXIV. Fig. 1.) will afford a clearer idea of its appearance than can be given by verbal deſcription. In ſome caſes no further change is obſervable in the fauces, neither do the appearances above mentioned continue beyond the 5th or 6th day. No deep, or conſiderable ulcer forms in the tonſils‡. Slight ſuperficial

* The heat of the skin is such as to raise the thermometer to 112°. The patient's breath seems also to be felt hotter by the attendants in this disease than in any other fever.

† "The breathing was short, and often interrupted by a kind of imperfect sigh." Withering, pag. 15.

‡ Dr. Withering says, "I never saw any real ulcerations in these parts, but sometimes collections of thick mucus, particularly on the back of the œsophagus, greatly resembling the specks or sloughs in the putrid Sore throat; but these are easily washed away by any common gargle." He allows, however, that "during the autumnal season, some patients threw out several white or ash-coloured sloughs, though no such sloughs were visible

cial ulcerations are very frequent, and more eſpecially at the latter end of the year. They occur at an early period of the diſeaſe, as on the 2d or 3d day: when they are later, an opportunity is afforded of marking their progreſs more diſtinctly. The formation of them is preceded by a very quick and unequal pulſe, with lowneſs, and great inquietude. Small white patches are then viſible over the velum pendulum palati, and the tonſils; at the ſame time, the red colour in thoſe parts becomes darker in ſome places than in others, ſo that the whole ſurface has a peculiar ſpeckled appearance. Soon afterward, fiſſures, or excoriations, take place at the centers of the white patches, which are almoſt immediately covered with whitiſh ſloughs. When theſe are numerous, the fauces are conſtantly clogged with a large quantity of tough, viſcid phlegm: hence the difficulty of ſwallowing is increaſed; and much pain is felt from preſſure externally applied. The ſloughs are in ſome caſes removed about the 5th or 6th day, at the decline of the effloreſcence; in other inſtances they continue to the 8th day, or even later; and when they ſeparate, partial excoriations remain, which may, however, be readily healed.

viſible on inſpecting the throat;" and that "in most, the fauces, particularly the tonsils, were covered with them, and upon their separation, looked raw, as if divested of their outer membrane." Page 24.

The

The efflorescence differs in a few particulars from that described under the article Scarlatina simplex.

1st. It does not appear so early in the disease, but is often delayed to the 3d day *.

2d. It does not so constantly extend over the surface of the body, but comes out in scattered patches on the back, sides, neck and breast, or about the joints†. Fig. 2. PL. XXIV. represents it's distribution on the arm.

3dly. It sometimes wholly vanishes the day after its appearance, and re-appears, partially, at uncertain times.

Hence 4thly. The whole duration of it is longer than in the Scarlatina simplex; and the mode of desquamation is less regular‡.

These

* In aliis hic color non nisi quarto morbi die in conspectum venit. Heberden, pag. 22. Withering, pag. 16, 18.

† Interdum pectus, et brachia solummodò rubent; et non rarò vidi exteriorem carpi partem levi rubore suffusam, cujus nusquam alibi reperiri vestigium potuit. Heberden, Comment. page 17 and 22. Withering, pag. 20.

‡ See Dr. Rush, pag. 120. According to De Haen, cuticular exfoliations take place successively, often in large pieces, from the 16th to the 40th

Theſe variations are moſt frequent during the autumnal and winter months, when the diſeaſe is in general moſt ſevere. Other ſymptoms occur, at the ſame period of the year, in addition to the uſual ſeries. Dr. Sims* obſerves that, in the autumn of 1786, "A frequent, ſhort, hicking, cough took place in ſeveral patients: they did not bring up any matter with it, nor did each fit laſt beyond one or two ſhort expectorations, but theſe were repeated ſeveral times in a minute: many who had no appearance of pituita, and but the ſlighteſt poſſible appearance of angina, had this cough more troubleſome than thoſe who had much of either. Another circumſtance, in the months of November and December, was, that a few days after the apparent change of the diſorder, a ſwelling attacked the face, but more frequently the extremities, attended with moſt excruciating pain. This ſwelling was neither red, puffy,

40th day. He also mentions the cracking and separation of the nails. Rat. Med. Contin. I. 71.

Whenever the rash is slight, or when it suddenly disappears, there is seldom any desquamation. In that case the disease is always rendered precarious, and has a troublesome sequel. The same observation is true with respect to the Measles: no separation of the cuticle takes place when the efflorescence is obscure and partial, or when its premature retrocession occasions the distressing symptoms recorded pag. 221.

* Memoirs of the Medical Society of London, Pag. 405. See Dr. Haberden, Comment. p. 20.

nor

nor œdematous, and did not depend on the previous mode of treatment, as it occurred in thoſe who had been treated in the moſt different manners. Some firſt complained of a violent toothach: after two or three days they complained of an equally violent pain in the back, the firſt one gradually ſubſiding. In a day or two more, or even ſooner, the pain attacked their elbows, wriſts, and hands, which were uſually the parts laſt attacked *. Theſe pains in ſome patients, were only in the hands and arms. In one child the Scarlet-fever appeared without any angina, and having finiſhed it's courſe, left the patient ſeemingly in perfect health: but in a few days the fever returned without any eruption, but with a very conſiderable degree of ſore throat, and much pain and ſwelling of the tonſils and parotids, which likewiſe ran it's courſe as if the former ſymptoms had never appeared."

Although no uneaſineſs is, in general, felt in the throat previouſly to the febrile ſymptoms, or efflorescence, it would yet appear, on inſpecting the fauces of

* According to Dr. Withering (pag. 23) "These swellings had sometimes a reddish shining appearance like the gout." He adds, "The eyes did not, in autumn, bear the light, though they had less of that redness described before (see above page 259), but still a slight tinge of it was visible, together with something of the shining watery appearance, which is so remarkable in the Measles."

perſons

perſons expoſed, that the contagion had been acting on them many days before the commencement of fever. It's action is denoted by a dark red line, extending along the velum pendulum palati, and lower part of the uvula. Dr. Sims* ſays, "In many families, where ſome have been confined with the diſeaſe, I have had an opportunity of obſerving the firſt, and moſt minute, approach of it in others, and there always found that the firſt marks of its approach were a paleneſs and dejection of countenance; and if the fauces were inſpected, the under edge of the velum pendulum palati was conſiderably redder than natural. The pulſe, at this time, was rather diſturbed and flurried than feveriſh: in ſome the uvula was more inflamed, and the tonſils a little ſwelled ſo as to give a ſlight degree of pain in ſwallowing: this pain and inflammation, however, varied on different days, ſo as to give frequently hopes of the diſorder going off entirely; and I have reaſon to think that it often did go off, under a treatment hereafter mentioned without ever gaining greater ground. In very many, however, after remaining in this uncertain variable ſtate for ſeveral days, ſickneſs and vomiting came on ſuddenly, and the diſeaſe was completely formed."

* On the Scarlatina anginoſa of 1786, "Memoirs of the Medical Society," Vol. I. Pag. 394.

Nearly the ſame obſervations were made by my friend Dr. Binns, while ſuperintendent of Ackworth ſchool, Yorkſhire, where the Scarlatina, in 1802, affected the greater part of the children. "There are many incipient caſes of the diſeaſe, in which the throat is moderately affected with ſwelling of the tonſils and erythema of the neighbouring parts, the papillæ of the tongue, more eſpecially at and near its tip, are enlarged, prominent, and of an intenſe redneſs, and the pulſe is from 96 to 108. Several of theſe caſes have remained with very little variation for two or three weeks, ſome for a month. In ſome again, the appearances have wholly gone off* in ten days or a fortnight, while in others the fever has at that time increaſed, the ſcarlet eruption has become very general, and the diſeaſe arrived at its criſis in about ten days more."

Thoſe who have formerly had the diſeaſe, and alſo thoſe who are juſt recovering from it, if expoſed to the contagion, are very liable to be affected in the manner above deſcribed, but with no other ſymptom of fever than a quick pulſe. They are, however, pale and languid, and have often an appearance of red

* Those persons on whom the effects of contagion thus cease, or have been removed by early applications, are not less liable to take the disease in its fullest form, when again exposed to its influence. See above page 254, 269, and Dr. Blackburne, On Scarlet Fever, page 25.

ſpecks,

ſpecks or patches, like flea-bites, on the breaſt and abdomen, and ſometimes a purple eruption of greater extent. Dr. Binns obſerves, "Notwithſtanding that this is uſually a ſecondary appearance at the diſtance of two, three, four, or even five weeks after recovering from the firſt attack, yet ſome are affected in this way at firſt: I remember a boy, who died, came to me in conſequence of ſuch an eruption, not making any complaint otherwiſe; but, on inſpecting the fauces, I found further ſymptoms of the diſeaſe. He died on the tenth day from his application."

During the ſtate of extreme debility which uſually ſucceeds the Scarlatina anginoſa, ſome patients are affected with anaſarcous ſwellings of the face and hands, but more eſpecially of the lower extremities *. The ſwelling becomes conſpicuous about the eighth or tenth day from the diſappearance of the raſh, and continues for two or three weeks. In caſes exhibiting a very full and vivid efflorescence, the anaſarca takes place more frequently, and to a greater degree. When the throat is much ulcerated and the raſh not extenſive, and when no deſquamation ſucceeds (page 267), anaſarcous ſwellings rarely occur. I do not remember to have obſerved any conſiderable effuſion of water into

* Dr. Sims says, "I saw but four cases of Anasarca succeed the disorder; and these were all in poor persons, and unattended with danger."

the cavity of the abdomen, thorax, or pericardium, nor into the ventricles of the brain*, an effect which many practitioners, and medical writers have noticed. However, two of my patients who had been in a very weak ſtate before the fever, died hectical, with anaſarcous ſwellings of the limbs. Theſe were the only fatal caſes I ever ſaw of Scarlatina anginoſa retaining the form above ſtated.

An enlargement of the parotid glands happens frequently in adults, and continues a long time without ſuppurating. Children, at every period of the diſeaſe, are liable to tumors both of the parotid and ſubmaxillary glands, ſometimes ending in tedious and painful abſceſſes †. With theſe, they have, during the

* The occaſional termination of this disease in a sudden phrenzy, I have remarked elsewhere. (On Diseases in London, pag. 47.)

† "The swelling of the parotid glands was sometimes apparent in the beginning of the complaint, at other times it came on about the fifth day with great pain, protracting the disease: and in many it came after the efflorescence had entirely disappeared, bringing it in some degree, and all the feverish symptoms, back with it. Though this swelling was attended with great pain, I did not see one case of its suppurating. I should mention here, that both in the cases attended with the pains already mentioned, and those with the parotids, the pulse was more violent and inflammatory than in any other cases." Dr. Sims, p. 407.

"After

the latter ſtage of the complaint, ulcerations at the corner of the mouth, ſtrumous opthalmia, ſwelling of the upper lip, and purulent diſcharges from the ears, ſometimes accompanied with deafneſs: They are alſo ſubject to puſtules or ſmall ulcerations of the tongue, which prove troubleſome for ſome days, but without any ſerious conſequences *. In one inſtance the diſeaſe terminated by a ſwelling of the teſticle †.

During every epidemic Scarlatina, many caſes occur in which the efflorescence is confined to the throat

" After the fever ceased, it was not uncommon to have abscesses form on one or both sides of the neck, under the ears; but the matter easily discharged itself through the ruptured teguments, and they healed in a few days without much trouble." Withering, 18. and pag. 24.

* " No symptom was more troublesome to some individuals, than ex-ulcerations at the side and down towards the root of the tongue, which were so painful as to deprive them of the power to take solid food, even several days after the inclination for it had returned." Dr. Withering, on the Scarlet fever and Sore throat, pag. 24. He adds, " I have been told of several cases that were followed by a succession of boils upon different parts of the body."

† Dr. Heberden has observed, Neque vero testiculi semper fuerunt liberi a tumoribus.

and

and mouth, there being no appearance of a raſh on the ſkin*. The febrile ſymptoms, vomiting, and delirium, continue violent for ſeveral days. A crimſon colour of the throat is perceptible often before the fever commences. In the courſe of it, numerous ſmall ſpecks of ulceration are formed on the tonſils, &c. and become in many places confluent, when the increaſed ſecretion of phlegm, the tumour, pain, and difficulty of ſwallowing occaſion great diſtreſs. This complaint ſeems peculiar to adults, and is evidently a ſpecies of Scarlatina, becauſe it affects ſome individuals of large families, while the reſt are labouring under other forms of the Scarlatina, and becauſe it is capable of communicating, by infection, all the varieties of that diſeaſe. It is ſometimes ſucceeded by an enlargement of the parotid glands, but not, according to my own obſervation, by dropſical ſwellings. Perſons who have previouſly gone through the Scarlatina anginoſa, experience, while converſant with the ſick, very uneaſy ſenſations in the throat; they remain, however, free from fever, although the ſwelling and inflammation of the tonſils be conſiderable.

* Quidam sine cutis efflorescentiâ aut ejusdem desquamatione, satis severâ afficiuntur anginâ: attamen hi mitiùs quam qui simul Scarlatinâ correpti ægrotabant apud nos. (Havniæ 1777-8.) De Meza, Compend. Med. Pract. t. I. pag. 58. Compare Dr. Sims, pag. 413. Dr. Withering, pag. 22. Memoirs of the Med. Society, London, vol. III. pag. 358.

3. SCARLATINA MALIGNA. It's ſymptoms on the firſt day are nearly the ſame as in the Scarlatina anginoſa; but ſome of the following peculiarities are afterwards obſervable:

1. A ſmall, indiſtinct, and irregular pulſe; a brown or black incruſtation of the tongue, teeth, and lips*:

2. A dull redneſs of the eyes†, a dark red fluſhing of the cheeks, deafneſs, delirium, or coma alternating with fretfulneſs and violence:

3. Breath extremely fetid; a rattling and laborious reſpiration, partly occaſioned by a thick tough phlegm clogging the fauces; a conſtriction of the jaws, and painful deglutition; a fulneſs and livid colour of the neck, with retraction of the head:

4. Ulcerations on the tonſils, and adjoining parts, covered with dark ſloughs, and ſurrounded by a livid baſe‡: the tongue is often ſo tender that a ſlight touch produces excoriation:

5. An

* Huxham, On Fevers and Sore-throat, p. 110 and 112. Withering, p. 18.

† "The eyes were heavy, reddish, and as it were weeping." Huxham, p. 110. "Eyes inflamed, and watery, or sunk and dead." Withering, pag. 56.

‡ The aversion to swallowing is occasioned by the soreness of these ulcers, not by any tumor, or obstruction in the passage. "Cibi et medicamenta

5. An acrid diſcharge from the noſtrils, cauſing ſoreneſs, or chops, and even bliſters, about the noſe and lips, the fluid diſcharged being at firſt thin, but afterwards thick and yellowiſh:

6. The raſh is uſually faint, excepting in a few irregular patches; and all of it preſently changes to a dark or livid red colour†. It appears late, is very uncertain in its duration, and often intermixed with petechiæ, (ſee PL. XXIV. Fig. 3.) In ſome inſtances the raſh ſuddenly diſappears a few hours after it is formed, and comes out again at the expiration of a week, continuing two or three days: in one caſe numerous patches of it appeared a third time, on the ſeventh day from the ſecond eruption; theſe remained for two days.

medicamenta respuuntur, neque tamen ideo quia devoratio molesta est, quæ sæpe ad mortem usque, quod miratus sum, satis facilis manet, quamvis fauces sordidissimis ulceribus fuerint undique circumtectæ, et spiritus penè interclusus." Heberden, Comment. p. 23. He thinks the ulcerations may, in these cases, extend along the trachea rather than down the œsophagus.

† "Their whole skin, instead of the scarlet, assumed a very remarkable appearance, which resembled nothing so much as that of a dead body which has been kept several days, or as if a mixture of blood and water were universally diffused under it, and could be seen through it." Dr. Sims, p. 410.

When

When the Scarlatina ſpreads widely, it exhibits, in the different perſons affected, every gradation of appearances, from the ſlighteſt to the moſt malignant form of diſeaſe: yet during its diffuſion through ſome large families and ſchools, I have ſeen it uniformly retain the ſeries of ſymptoms which occurred in the firſt patient, with nearly the ſame degree of fever.—In the autumn of 1786, and occaſionally ſince that period, the Scarlatina maligna, as above deſcribed (p. 275), affected the inhabitants of ſeveral diſtricts in London, comprizing narrow courts, alleys, and cloſe crowded ſtreets; and afterwards extended to ſome adjoining villages, in low, damp, or cold ſituations. It is, however, more frequently intermixed with the other varieties of Scarlatina, and it ſometimes unexpectedly ſuperſedes the milder forms of the diſeaſe, on the fourth, fifth, ſixth, or ſeventh day of their courſe*. Patients who withſtand the violence of it's firſt attack, have nevertheleſs to ſtruggle through a ſeries of moſt untoward circumſtances†, continued far beyond the uſual febrile period. The ulcerations

* See Dr. Grant, on Angina maligna, II. 125 and Dr. Sims, page 410.

† In Scarlatinâ malignâ quid putridi latet, unde pulsus parvus, celer, urina pallida, ulcera apthosa; nec non parotides, quamvis suppurantes, lethales observantur. Sic in Epidemiâ Havniensi per quatuor hebdomadas, si non primis morbi diebus suffocati, languentes tandem peribant. De Meza, tom. I. page 59.

gradually ſpread from the fauces to the œſophagus, larynx, and trachea. Violent pains of the bowels, and excoriations about the nates ſucceed; alſo hectical paroxyſms, with ſuppuration of the glands, a teizing cough, great difficulty of breathing, pains in the ſide, and a remarkable alteration in the ſound of the voice*. A few recover after having been thus haraſſed, almoſt inceſſantly, for ſix or eight weeks. In 1786-7, more than two-thirds of thoſe who were affected with the Scarlatina maligna, died between the ſeventh and nineteenth day of the fever. The ſymptoms portending danger were, continued coma, dulneſs of the eyes, laborious breathing, diarrhœa, petechiæ, vibices, and hæmorrhagy. A caſe terminated fatally on the ſixth day, in which there were veſications on the hands, legs, inſteps, and toes, as if boiling water had been poured on thoſe parts, or large bliſters had been applied to them. The patient was an adult female, who had a very full efflorescence. It may be obſerved, that the degree of danger in the complaint does not depend on the greater or leſs extent of the raſh on the ſkin: the fulleſt redneſs affords no decided ſecurity, nor is the total abſence of it incompatible with a mild diſeaſe (ſee page 274). In one infant, about the eleventh day, a conſiderable eryſipelatous ſwelling affected the left cheek, and within three days produced

* Dr. Withering, page 22-3.

a deep

a deep gangrenous eſchar. The wriſts at the ſame time became rigid and contracted; and the patient died on the ſixteenth day of the diſeaſe. Another child eight years old, was affected on the ſeventeenth day with an eryſipelatous ſwelling * under the left eye, and died on the following day. It will appear from authors hereafter quoted, that there has often occurred ſuperficial gangrene in other parts of the body, as about the nates, and genitals, likewiſe on the tongue, gums, and inſides of the cheeks, ſometimes attended with caries of the jaw-bones.

Many patients ſink under this diſeaſe, unexpectedly, at a very early period, as on the ſecond, third, or fourth day, no ſymptoms having preceded which could excite an apprehenſion of immediate danger. It has been thought that ſo ſudden a mortality is owing to a gangrenous ſtate of the fauces, œſophagus, ſtomach, inteſtines, or lungs†; this opinion

* See a caſe of this kind which terminated favourably. Rep. on Diseases in London, pag. 78, 83.

† Niſi ægro ſtatim in primo morbi impetu ſuccurratur eſcharæ gangrænosæ in fundo faucium, versus arcus, et velum palati, ſuperveniunt, et hisce ortis pauci emergunt. Hæc gangræna œsophagum, asperamque arteriam sæpe ante occupat, quam illam percipere, illique mederi queamus. Navier: See Comment. de reb. P. 1. vol. IV. 338.

Dr. Heberden obſerves, " Inſpectis faucium cruſtis conjectura quidam

nion ſeems to be confirmed by diſſections *. Sometimes, at a much later period of the diſeaſe, when the fever has been ſlight, and no alarm excited, the ſymptoms mentioned page 275, commence almoſt inſtantaneouſly, and terminate the patient's life in a few hours. Such a termination took place within four hours, in a girl ſix years old, on the 14th day of the Scarlatina. She had ſpecks in the throat, with ſwellings of the ſubmaxillary glands, and a degree of fever ſo moderate that ſhe had not been confined to bed, nor even to the houſe, till the time mentioned. In the caſes which terminate fatally within forty-eight hours after the acceſſion of fever, it muſt be concluded that the throat had been long affected in the manner ſtated page 269, and that the poison had gradually pervaded the whole conſtitution: hence the ſickneſs, ſhiverings, languor, and inſenſibility, do not in ſuch inſtances denote the commencement of fever, but are the final ſymptoms of an inſidious and moſt virulent diſtemper†.

It

fieri potest de periculo ægri, quod eo majus erit quo latiùs illæ manent, quo altiùs carnibus insideant, quo hæreant pertinacius, quo sæpius renascantur, et magis in gangrænam spectent. Conditio tamen harum crustarum index est, non autem causa, periculi. Comment. pag. 22.

* Sennert. Pract. Med. L. IV. cap. 12. Heberden, Comment. pag. 24.

† So Dr. Binns; "This insidious disease is often acting on the constitution, particularly on the throat, while the persons affected are wholly unapprized

It is truly ſingular, that the ſlighteſt of all eruptive fevers, and the moſt violent, the moſt fatal diſeaſe known in this country, ſhould rank together, and ſpring from the ſame origin. Experience, however, decides that the ſimple Scarlet Fever, the Scarlatina anginoſa, the Scarlatina (or angina) maligna, and the ſcarlet ulcerating Sore-throat without the effloreſcence on the ſkin, are merely varieties of one diſeaſe *. That all of them proceed from the ſame ſource of contagion, is evident; becauſe, under the ſame roof, in large families, ſome individuals have the diſeaſe in one form, ſome in another, about the ſame period†.

unapprized of it; for dreadful languor, sickness, and vomiting, have in several cases occurred a few hours after the patient began to complain." Compare Med. Obs. V. I. p. 216, & Dr. Blackburne on Scarlet-Fever, p. 42.

* "The affection of the throat has occurred with us in every possible state; mere erythema, sometimes with a swelling of the tonsils; aphthous specks; deeper ulcerations, with white sloughs; ash-coloured sloughs, which I consider as gangrenous; also darker coloured sloughs with extreme fœtor. The rash has also varied considerably, being sometimes an almost universal entire redness, sometimes appearing only on the neck or breast, and not so generally diffused, but with interstices, so that it was rather difficult to ascertain where the colour terminated. Petechiæ have very seldom been observed; and the rash has not appeared of a livid hue in more than two or three cases except just before death." Dr. Binns.

† See Rosenstein, On the Diseases of Children, chap. 16. Memoirs of the Medical Society, vol. III. p. 358. Compare Withering, pag. 5, and Dr. Heberden, Comment. pag. 25.

According

According to the ſtate of the air, the ſoil, climate, or ſeaſon of the year, one form predominates over all the reſt, and gives the general character to every epidemic Scarlatina. Hence ariſe the various accounts and opinions reſpecting it, which are to be found in medical writers*. The malignant ſpecies of the diſeaſe is moſt rare, and uſually limited to the winter months. It exhibits ſome peculiar appearances, and is often attended with only a partial or obſcure eruption. On theſe accounts, perhaps, it has been ſeparated from the reſt, and been improperly conſidered as a diſtinct genus of diſeaſe. Several practitioners with whom I have converſed, would yet retain the diſtinction, ſtating that they had obſerved this ſpecies of Sore-throat, with a vivid eruption, occur in perſons who had previouſly undergone the ſimple Scarlet Fever, and thence concluding that the two diſeaſes were generically different, or that Scarlatina may be had twice under the ſame circumſtances as the Meaſles: ſee page 235. Not having ever ſeen ſuch a repetition among two thouſand patients whom I have viſited in it, I cannot at preſent confirm the above opinion, and ſhould be very unwilling to add to the numerous miſtakes already made reſpecting the diſeaſe. On this ſubject Dr. Binns ſays, "I have not, during the prevalence of Scarlatina this year ſeen

* See De Haen, Nat. Med. Contin. tom. I. p. 138.

the

the Fever and Scarlet eruption occur twice in the ſame patient, nor have I ſeen the raſh appear at one time, then after an interval, the Sore-throat; but we were informed by ſome eminent practitioners, that ſeveral children, affected here in 1803, had gone through the diſeaſe before; and I recollect, during my practice at Liverpool, inſtances of the Scarlet Fever and ulcerated throat occurring, together, twice in the ſame perſon, and in one patient thrice, at diſtant periods, but I canot ſpeak with any certainty of the intervals, nor have notes to which I can refer for the particulars of each caſe."

Dr. Withering, at the time of publiſhing the firſt edition of his pamphlet, believed that the Scarlatina anginoſa, and the ulcerated Sore-throat ("Angina gangrænoſa of Fothergill and Huxham") might attack the ſame individual at different periods. In the ſecond edition (page 4) he acknowledges this opinion to be erroneous, and adds, "Further obſervation, aided by the concurrent teſtimony of many of my colleagues in this place engaged in extenſive practice, confirm me in the opinion that the infection of the Scarlatina anginoſa, like that of the Meaſles and Small-pox, can only be taken once: that it is not generated under any known circumſtances like the poiſon of the Typhus or Low Fever, but that it is from time to time propagated by contagion like the other Eruptive Fevers,

juſt

juſt now mentioned." Page 3 and 6. He repeats the ſame obſervation, page 53, " I never yet have ſeen an inſtance of the ſame perſon having the Scarlet Fever twice, and I believe it to be as great an improbability as a repetition of the Small-pox"*.

At what time, or in what place, the Scarlatina firſt appeared, is very uncertain. It was probably introduced into this country from the ports of the Levant, or Mediterranean. It's origin might be referred particularly to Egypt, if the " Peſtilential ulcers of the tonſils" deſcribed by antient authors, and the Scarlatina maligna could be proved to be the ſame diſeaſe. That they do not materially differ from each other, many practitioners have been convinced by an attentive conſideration of the following paſſages in Aretæus and Aëtius: " The Peſtilential ulcers of the throat are broad, hollow, ſmooth, and covered by a white, or livid, or black ſlough (επιπαγω). Theſe ulcers have the name of Aphthæ; but if the ſlough be deep, the affection is properly called Eſchara. All around the Eſchara there is an intenſe redneſs, and inflammation, and throbbing, as in a carbuncle; alſo ſmall papulæ (διεξανθημαλα), which ariſe at a diſtance from each other,

* Thus Rosenstein, " I have never heard of its seizing any one more than once." Ch. XVI.

but

but which, gradually increaſing in number, become confluent, and produce a broad ulcer. Then if the diſeaſe proceed towards the mouth, it reaches the uvula, which it deſtroys, and is ſpread over the tongue, the gums, and fræna of the lips; the teeth are looſened and blackened, and the neck is externally ſwelled and inflamed: thus, in a few days, the patients ſink under the inflammation, fever, offenſive ſmell, and averſion to food: but if it proceed into the cheſt, through the trachea, it occaſions immediate ſuffocation.——Boys and girls, under the age of puberty, are moſt ſubject to this complaint. It is chiefly produced in Egypt, and may be referred to the great dryneſs of the air of that country, the variety and acrid nature of the food uſed by it's inhabitants, the fermented liquors, and thick water of the Nile, which they are accuſtomed to drink. Syria, more eſpecially Cœlo Syria, likewiſe produces theſe ulcerations, whence they are called Syrian as well as Egyptian ulcers.—The mode of death is moſt miſerable. The pain is acute and hot, as in a carbuncle; the breath offenſive, having a ſtrong, putrid ſmell; and the tainted air is drawn back into the cheſt by the patients' laborious reſpiration. Loſing their power over the ſphincters*, they cannot bear their own

* Ασιτεοι: Petit and others read ασηεοι (fastidiosi, nauseabundi), which does not suit the context. A better reading would be αξηεοι:—when the discharge from secretory organs ceased, or became very scanty, the com-

own ſtench. Their countenances are pale or livid; they have violent paroxyſms of fever, with thirſt as if burnt, and yet decline drinking on account of the pain it occaſions; for they are greatly diſtreſſed whether the liquor force a paſſage by compreſſing the tonſils, or run up into the noſtrils. They are reſtleſs, and uneaſy in every poſition. Their inſpiration is deep from a deſire of being cooled by the cold air, but the expiration is reſtrained, becauſe the burning ulcers are ſtill more inflamed by the heat of the breath. Hoarſeneſs, and loſs of voice ſucceed, and the ſymptoms becoming more violent, the patient ſuddenly falls dead to the earth."—Aretæus De Morb. Acute. I. 7.

Aëtius obſerves, that "Sloughy and peſtilential ulcers of the fauces begin for the moſt part without any preceding defluxion, but that they are ſometimes conſequent on an aggravated ſtate of the uſual inflammation of the tonſils"; that "they take place moſtly in children, and in virgins at the age of puberty, but now and then affect adults, eſpecially thoſe of a bad habit of body, in the peſtilential conſtitutions of the ſpring

plaint was termed νοσος ξηρος: for a list of these diseases see Galen De Ptisanâ. Patients labouring under the opposite state,—of increased and vitiated secretions, might in the quaint language adopted by Aretæus be called αξηροι. The accepted reading ασιηροι, in whatever sense it be taken, is too figurative for historical detail.

ſeaſon";

ſeaſon"; that, "in children, aphthæ generally precede the formation of the ſloughs"; that, "ſome of theſe are white like ſpots (σπιλοι), others aſh-coloured, or reſembling the eſchars made by a cautery"; that "they are very ſoon followed by a dryneſs in the patient's throat" (περι την καλαποσιν); and that "he is ſeized with a ſudden ſuffocation (αθροος πνιγμος), more eſpecially when there is an erythema under the chin"; or, "the ſame acrimony turning inwards"*, that a "noma and putrefaction ſucceeds in the parts affected"; that "the attending fever is vehement"; and that "the principal danger occurs in the firſt ſeven days"; but that he knew "a young girl who died of the diſeaſe, or it's conſequences, even after the fortieth day†."

Some

* Παραδρομησης, should perhaps be the technical term παλινδρομησης. See Fœs. Œcon. Hippoc. and Gorræi Defin. Med.

† Pag. 162. Ed. Aldi.—With the two preceding accounts may be compared Tournefort's description of this disease, as observed, fifty years ago, in the same climate (Voyage du Levant, Tom. I.) "Il regnoit dans l'isle de Milo une maladie tres fâcheuse, et qui est assez commune en Levant, ou elle emporte les enfans en deux fois 24 heures. C'est un charbon dans le fond de la gorge, accompagnè d'une cruelle fièvre: Cette maladie, que l'on peut nommer la peste des enfans, est epidémique, quoique elle èpargne les grandes personnes.——Le cas est pressant——et la precaution la plus necessaire pour arréter les progrès d'un si grand mal est de faire vomir les enfans dès le moment qu'ils se plaignent du mal de gorge, ou

Some authors* ſuppoſe the Al-hemeka, mentioned by Avicenna, to have been the Scarlatina ſimplex; but no certain concluſion can be drawn from his brief account, which is contained in the following words: "The Hemeka is ſomething between the Small-pox and the Meaſles; and it is leſs dangerous than either†." It ſeems, however, moſt likely the Arabians would rank the Scarlet Fever with theſe diſeaſes; and I think no one will deny that the deſcription of the raſh given by Haly Abbas might apply to the Scarlatina as well as to the Meaſles. In treating of the Small-pox, he ſays, "Et in rubore ſpecies eſt aliqua, quæ vocatur Rubeola, quæ ex ſanguine fit calido, et ſubtili, non multum malo. Et hæc ſpecies, cum ad ſtatum pervenerit, ſimilis fit milii granis, aut paulò major, et ejus color rubeus; nec aperiuntur puſtulæ, neque fluunt. Communia ſigna

que l'on apperçoit que leur tête commence a s'appesantir. Il faut réitérer ce remède suivant le besoin, afin de vuider une espèce d'eau forte qui se décharge sur la gorge."

* See Ingrassias De tum. præt. nat. lib. I. cap. 1.

† Lib. IV. Fen. 2. Tr. 4. 6. "The word Hemka signifies Beet, the colour of which does not ill apply to the colour of the Scarlatina: but the cursory mention of the disease, so entitled by Avicenna, is not sufficient to determine it's character." Dr. Robt. Jackson.

‡ Theorice, lib. VIII. cap. 14. Compare Constantin. African. Loci Med. lib. VIII. who has nearly copied the words of Haly.

ſunt

ſunt febris, faciei tumor, temporum et auricularum prurigo, in naſo inflammatio, rubor in facie et in membris affectis, capitis gravitas, et in gurgulione aſperitas." Rhazes and others obſerve, that Meaſles of a highly red colour are more dangerous than thoſe which are moderately red*.

Ingraſſia is the firſt author of modern times, who has deſcribed the Scarlatina. His account of it extends no farther than to the firſt ſpecies. The diſeaſe was known to the Neapolitans before the year 1500 by the name of Roſſalia; and he conſiders it as having a cloſe affinity with the Small-pox and Meaſles. " Præter ambas ſpecies, alias adhuc duas paſſim advenire conſpeximus, quarum altera nuper a vulgaribus Roſſania ſive Roſſalia vocatur: alteram verò Cryſtallos vocant. Illam idcirco Roſſaliam † nuncupant, quoniam maculæ, per

* Cap. XIV. Cont. XVIII. 8. & Ad Almansor.

† The efflorescence was termed Rossalia, or Rosalia, from its colour. Other Italian writers denominate the disease Robelia, or Rubiola, from Robia, madder, the Rubia tinctorum. Physicians in France adopted a similar denomination, using sometimes the word Rubeola, or Rubiola, sometimes the plurals Rubiolæ, Rubioli. See Ballonius de Epidem. lib. I. & Consult. Med. lib. II. M. Chesneau observes, " Vulgus Massiliæ distinguit Rubiolam a Morbillis, hos vocantes Senepion, et illam Rougeole, in quâ non sunt pustulæ, sed magnæ tantum areæ, in modum Erysipelatis rubentes. Obs. Med. pag. 454.

In

per univerſum corpus plurimæ, magnæ et parvæ, ignitæ ac rubræ, cum vix effatu digno tumore, inſtar multa ſeorſim eryſipelata, diſperſæ ſunt, ut totum corpus ignitum appareat."—He is careful, however, to diſtinguiſh this diſeaſe from the Meaſles. " Nonnulli ſunt qui Morbillos idem cum Roſſaliâ eſſe exiſtimant: nos autem ſæpe diſtinctos eſſe affectus noſtriſmet oculis, non aliorum duntaxat relationi confidentes, inſpeximus *."

A contagious Sore-throat proved extremely fatal in the vicinity of Amſterdam during the year 1517. From the account of it given by a Dutch phyſician, as quoted by Foreſti †, we may conclude that this diſeaſe was an epidemic Scarlatina of the moſt malignant kind. " Aliter ſe habuit dolor gutturis, tum inflammatio, in illa Anginâ epidemiâ, imo peſtiferâ, et adeò malignâ

In consequence of the expressions used by Ingrassia, many writers of the 17th century apply the denominations of Erysipelata, and Morbilli ignei to the Scarlatina; others use the name of Purpura;—but there is no end to the synonyms of this disorder. Compare Eust. Rud. Sympt. Extern. de Fersâ Venet. Prosper. Martian. in. Hippoc. Epidem. I. 2. sec. 3. and Bonacurs. de Mal. Extern. cap. 45.

* De tumor. præt. nat. Tract. 1. cap. 1.

† Forestus, Obs. 2. lib. VI. The morbus epidemius cum gutturis et pectoris angustiâ, described by Foresti himself, was an Epidemic Catarrh, or Influenza.

et

et contagioſâ, quæ tempore M. Joan. Tyengii, Amſtelrodamenſis medici celebrioris, in multos circa principium anni 1517 graſſabatur, ut quibus intra ſex vel octo horas apta remedia non adhibebantur, ante ſedecim vel viginti horas ſubito moriebantur; neque aliquis evadebat (ut perhibetur in ejus libello propriâ manu ſcripto) ſi medico docto non uteretur. Erat autem materia, in illo morbo populari, ita furioſa, ut uno momento tantam anhelitûs difficultatem, cordiſque anguſtiam, et dolorem in collo pareret, ut ægrotus ſtrangulari mox videretur: quibus ſymptomatis rurſum ceſſantibus, moxque redeuntibus, cûm materia adeo maligna, venenoſa, et fluxa, per muſculos colli, tum pectoris, uno ictu trajiceretur, multi ſuffocabantur."

We may without heſitation rank as an epidemic Scarlatina anginoſa, the peſtilential Sore-throat deſcribed by Wierus *, which ſpread through Lower Germany in the years 1564 and 1565. The Small-pox, Meaſles, and a Contagious Catarrh immediately preceded this diſeaſe. It proved chiefly fatal to infants; and in addition to the ſore-throat, was attended with violent fever, vomiting, ſwelling of the parotid glands, and patches of an eryſipelatous efflorescence.

* Obs. Med rarior. See also Schenckii Obs. lib. VI. p. 775. 855.

A few

A few years afterward the ſame diſorder was epidemical in Paris. The celebrated Ballonius (De Baillou) has deſcribed it under the title of Rubiolæ*. His account moſt clearly comprizes the principal varieties of the Scarlatina. He compares the effloreſcence to a bluſh over the whole ſurface of the body, obſerving that this appearance, if no fever had preceded it, was not formidable; and that it occcurred in many women, and children, who were not afterwards affected with fever, pain, or any uneaſineſs whatever. He alſo mentions the leading ſymptoms of the Scarlatina anginoſa. "Uvulæ inflammatio multis, et deglutiendi difficultas, aliquando faucium exulcerationes; aliàs angina quædem ſicca (ut vocat Hippocrates) per eryſipelatoden phlogoſin: ſuffocatio inde. Multis et parotides comites, et præcedunt, et ſequuntur, quæ non ſunt ſemper metuendæ. A capite, ſunt dolores in oculo profundi, oculorum dolor et flagrantia, propenſio in ſomnum, et tamen dormiendi impotentia, immo et coryza, et aurium dolor, ſiccitas in gutture, et implacabilis ſitis cum anorexia. Alvi aliquando aſtrictio eſt, aliquando fœda illuvies, corporis pruritus, et velut acicularum punc-

* De Epidemiis, lib. 1. 2. & Consult. Med. lib. 1. He carefully distinguishes the Rubiolæ from the Measles (Morbilli) and thinks the former partake of the nature of Erysipelas, but that the Small-pox and Measles have an affinity with Herpes.

turæ."

turæ." He likewiſe mentions hæmorrhagy, and abortion* as frequent occurrences. Thoſe who were affected with the diſeaſe in its ſlighteſt form, he ſays, often brought on, through neglect, or miſmanagement, a fever of the moſt malignant kind: ("cum hoc negligerent, non impunè tulerunt, nam non ita longè poſt febre correpti ſunt mali moris:") and, when the eruption appeared on the 4th, 5th, 6th day of fever, or later, the moſt violent and dangerous ſymptoms followed. The dreadful mortality of this diſtemper in autumn 1575 is particularly remarked by Ballonius: "Et hæc quidem diverſis oborta ſunt annis, nunquam tamen majore cum clade quam autumno 1575, feraciſſimo exanthematum puerilium, ex quâ peribant omnes, et non proficiebat hilum ars ea quæ multis auxilio eſſe ſolet.—Tanta ſeri venenati erat malignitas!

During the year 1580, an Influenza†, ſaid to have originated in Aſia, was rapidly diffuſed over all Eu-

* Uxor Bodini septimestrem partum excussit vi morbi, eodem modo maculatum quo mater. Uxor Lyssæi nono die germen exclusit, &c.

† This epidemic Catarrh is described by Forestus, Obs. 3. lib. 1. See also Synops. Novi Morbi Catarrhalis a Jo. Bokelio, M. D. Prof. Helmestat. 1580. De Febre Epidemiâ anni 1580, a J. Sporischio ab Ottenbachaw, M. D. Francofurti: and De Morbo arietis libell. a Franc. Campo, M. D. Luccæ, 1586.

rope. According to Alphonſo de Fontecha *, the Influenza in Spain was immediately ſucceeded by an epidemic Sore-throat, of a moſt malignant and fatal kind, to which the Spaniards gave the name of Garrotillo. It remained among them forty years, and within that period ſpread to all the ſea-ports of Italy, Sicily, and Malta. It's firſt appearance at Naples was in 1618†. Being there deemed, as it had before been in Spain, a new diſeaſe, it preſently received a variety of new appellations ‡. The mortality of it, reported by the Spaniſh and Neapolitan phyſicians, appears at preſent incredible. Mercati informs us that every one who was ſeized with it, died in leſs than

* Ab anno 1581 adnotatæ fuerunt anginosæ istæ lues prædictæ, ut affirmant quam plurimi doctores, et senes magnæ authoritatis, et constat ex relationibus quam plurimis. Disputat. De Anginâ, lib. II. pag. 22. Alphonso's Observations on this disease were made in the years 1603, and 1604.

† Angina pestifera ab anno 1618 erupit, insuetus inter nostras gentes morbus, &c. Boneti Sepulchret. Tom. I. 479.

‡ Ulcera anginosa, Ulcera Syriaca, Passio anginosa, Phlegmone anginosa, Carbunculus anginosus, Angina maligna, Angina Puerorum, Angina pestilentialis, Angina pestifera, Tonsillæ pestilentes, Pestilens faucium affectus, Therioma faucium, Aphthæ malignæ, Ignis sacer, Pædanchone maligna, Affectus suffocatorius, Morbus strangulatorius, Laqueus gutturis, Epidemica gutturis lues, Male in canna, &c.

four

four days *. According to Carnevala, it deſtroyed 500,000 † perſons at Naples within two years. This aſſertion, however, is contradicted by Franceſco Nola ‡, who has given a more accurate hiſtory of the diſeaſe than any of his cotemporaries. He obſerves that the contagion ſeldom affected all the individuals of a family; that it only proved fatal to perſons of a weak humid temperament, and to children; and that in ſome houſes, all who were ſeized with it, had it in a very mild form.

It may be neceſſary here to aſſign my reaſons for ranking the Garrotillo among the varieties of Scarlatina, as it is generally ſuppoſed that none of the

* Consult. Med. 14. De gutturis anginosis et lethalibus Ulceribus, vulgo Garotillo, pag. 136.

† Quingenta hominum millia. A mistake surely for quinquaginta! The population of Naples could not admit of so great a mortality. Jo. Baptista Carnevala, De Epidemico Strangulatorio affectu; Neapoli 1620. pag. 2.

‡ De Epidemio Phlegmone anginoso; Neapoli, 1620, pag. 15. Nearly the same observations were made, in Sicily, by Marc. Anton. Alaymus. Morbus non totam civitatem, verum nec dimidiam, nec centesimam partem hominum, sed puerulos paucos, et ex his ut plurimùm cacochymos et malè curatos exanimat. Consultatio pro Ulceris Syriaci, nunc vagantis, curatione, Panormi, 1632. See also Tractat. de Garrotillo, cap. 8. a D. Fr. Perez Cascales Guadalajara, Matriti, 1611.

writers on the ſubject deſcribe an eruption * ſimilar to that which occurs in the Scarlet Fever.—I formerly remarked that the effloreſcence, in the Scarlatina maligna, is uſually partial and indiſtinct: it might therefore paſs unnoticed by authors who ſeem leſs anxious to deſcribe minutely what their own experience preſented, than to copy the deſcriptions of ſimilar complaints from the antients, or to eſtabliſh antient theories, "conſtantly appealing," as Dr. Fothergill juſtly obſerves, "to Hippocrates, Galen, Avicenna, &c. for the ſupport of their opinions concerning a diſeaſe, which it is not certain that thoſe they appeal to ever ſaw." The identity of the Garrotillo and malignant Scarlatina does not, however, depend upon negative circumſtances, but can be proved by the direct teſtimonies of Mercati, and Franceſco Nola. Both of them deſignate the Scarlet effloreſcence, as was uſual at that time, by the denomination of Eryſipelas†, or Ery-

* On this point, Dr. Fothergill was only able to collect from the different authors whom he consulted, that, "the fever was frequently accompanied with small pimples, and eruptions like flea-bites." On the Ulcerated Sore-throat, pag. 12. Cruore confusas pustulas nigras, hoc illo loco, parvas, Ecthymata, et Pustulas pulicum morsus referentes. Severin. De Pædanchone maligna, Partic 2. p. 31.

† Mercati says, "Although this disease be usually entitled Erysipelatous, yet it is widely different both in it's nature and circumstances from the antient genuine Erysipelas." See page 299.

ſipelata,

ſipelata *, and they have both remarked its frequent appearance with the Garotillo.—Mercati, (Conſult. 28,) has related at length one caſe under this form, and adds, that he ſaw many perſons affected with a ſimilar diſeaſe, eſpecially at the monaſtery of St. Lawrence, and in it's vicinity. The importance of this ſubject induces me to quote the caſe and conſultation in the author's own words, as a confirmation of what has been advanced, and likewiſe as a ſpecimen of the injudicious treatment of a diſeaſe, which would perhaps have ſafely and ſpeedily terminated without medical interference. But the Doctor, like many of his cotemporaries, choſe rather to err with Galen, than truſt to his own reaſon and ſagacity. Illuſtriſſima Domina Maria Manrique, religioſi ordinis ſancti Bernardi in Vallevolitano cœnobio, 40 cum eſſet annorum, bilioſæ, et ſanguineæ naturæ, menſtruis copioſis purgata ante hanc ætatem, et nunc longè minùs, curis et ſolicitudine non parùm affecta, prope ſolſtitium æſtivale, correpta eſt febre, non admodum intenſâ, ſed variis horroribus implicatâ, et intermiſſâ, ac totiens recaleſcente, cum capitis dolore intenſo, et viſcerum, maximè juxta ventriculum parte ejus dextrâ, moleſtiſſimâ ſenſatione, quâ ferè animo videbatur deficere. Tertio die ab his accidentibus, faciem cœpit occupare, et gutturis dextram partem, rubor plu-

* See note, pag. 289, 290, and Sennert. lib. IV. cap. 12.

rimum

rimùm ſaturatus, citrà evidentem tumorem: crevit ad caput uſque per oculos, utramque faciei partem occupans, quo minus horrida erat, et magis continuè febricitabat, et longè minùs moleſtiis prædictis premebatur, præſertim ſanguine miſſo bis ac ter, quo rubor quieviſſe videbatur. Verum eo tandem nondum ceſſante, horrere iterum cœpit, et anxietate premi; ac mox febris increvit, et thoracis, a cervice ad mammas, extimam regionem apprehendit rubor, non ità intenſi coloris, cæterùm febris, ceſſantibus reliquis accidentibus, non ità manifeſtè ceſſavit, ſicut primo ruboris inſultu. Quo ordine, reverſionibus, et remiſſionibus uſque ad vigeſimum diem, malum revertebatur: deinceps verò usque ad mortem, ceſſante Eryſipelate, vires plurimùm deliteſcebant, et febris atrocioris conditionis ſeſe oſtendebat, ità ut nullis auxiliis cedere videretur, donec ſubito motu, in importuniſſimum ſomnum delapſa (quamvis ab 11mo die in ſomnum erat proclivis) cœpit deinceps obliviſci, et tandem cum ſopore delirare, quo uſque ad 30^{m} diem, quo mortua fuit, duravit, humore ſubitò etiam ad cor recurrente, quo celeriùs quam affectus et vires pollicebantur, morte correpta fuit.—Placuit hiſtoriam hujus illuſtriſſimæ fœminæ hac in parte recenſere, cui consmiles jam conſpeximus alias, maximè in cœnobio Sancti Laurentii Hiscorialis, tam intùs, quam in habitatiunculis extra ipſum. Namque in omnibus illis apparuit is morbus

quem

quem Eryſipelatis nuncupamus, tamen longe diſſitus ac diverſus ab antiquâ et innatâ ejus naturâ et conditione.—In noſtrâ laborante pars dextra facile rubeſcere cœpit, verum non ut in vulgari Eryſipelate, ſed cum febre, capitis dolore, ventriculi anxietate, et bilioſis vomitibus, quibus nihil levata erat: quinimò indies magis ac magis animo deficere videbatur. Tunc quidem ſanguinem miſimus, verentes retroceſſum bilioſi ſucci Eryſipelantis faciem, vi medicamenti purgantis; idque ter fecimus. Sed cum hoc horrores iterum revertebantur, et febris magis increſcebat, donec apparuit rubor, maximam cervicis et pectoris partem occupans. Tunc quidem quartò ſanguinem miſimus, et cum remitterentur hæc omnia, iterum horrere cœpit, et per alias partes corporis rubor apparere, quò ſanguinem quintò miſimus. Et cum conſtaret, neque præſidia, neque expulſiones a naturâ factas aliquid profeciſſe, conſideravimus jecur adeo pravâ intemperie eſſe affectum, quod non ſolùm bilem torridam et pravæ conditionis generaret, ſed inſuper genitam iterùm inficèret, ac ob id per utramque alvum conari expellere, et ad cutem teneriorem partim tranſmittere. Cæterùm conjecimus, ità naturam interiùs premi, tum jecoris vitio, tum humoris malignitate, quod longè plùs in deterius rueret laborans ex his, quam ab expulſâ ad cutem bile levaretur: et deinceps verentes naturæ exitum, curavimus jecori ſubvenire, priùs bile ab ipſo repurgatâ,

repurgatâ, ac mox reductâ ejus vitioſâ temperie in familiarem et ſalubriorem *.

From the account of the Epidemic Sore-throat at Naples, as given by Franceſco Nola, we learn,

1. That, after a very rainy ſeaſon, a contagious diſtemper affected cattle in 1616.

2. That the Small-pox, Meaſles, and Eryſipelata, prevailed, with almoſt equal violence, among the human race, during the ſpring and ſummer of the year 1617†.

3. That, while theſe eruptive diſeaſes ſtill continued, the Sore-throat began to affect children, in the ſpring of 1618‡, and became in the ſucceeding autumn highly malignant.

4. That, on the firſt appearance of the diſeaſe, adults were affected with the Eryſipelata ‖ only; but when the contagion was extenſively ſpread among children,

* Compare the case of Xuarez, at Toledo, Cons. Med. 14. Tom. V. pag. 135.

† Anno 1617, erant Fluxus ventris, Variolæ, et Morbilli permulti ad æstatem usque; et Erysipelata, tum maximè in humidioribus. Nola, De Epidemio Phlegmone anginoso; Neapoli, 1620, pag. 13.

‡ Postmodùm iisdem morbis inter aliquos homines perdurantibus, ann. 1618, and 1619, gulas pueris affecit contagio. Pag. 47.

‖ Adultos in principio Erysipelatibus corripuit, et similibus morbus; postmodùm vero gulas pueris, et dein adultis invasit. Pag. 45.

that

that adults were likewiſe ſeized with the complaint in the throat.

5. That, under ſimilar circumſtances, ſome had ſymptoms ſo favourable, others ſo malignant, that they ſeemed ſcarcely to have the ſame diſeaſe*.

The teſtimony of this writer being clear and deciſive, I think it unneceſſary to multiply authorities in proof of my poſition, that the Garrotillo in Spain, and the Epidemic Sore-throat at Naples, were in every reſpect ſimilar to the Scarlatina anginoſa of later times.

While this diſeaſe raged with ſo much virulence in the ſouthern ſtates of Europe, we find from the writings of Senertus, Doringius, and others, that the milder forms of the Scarlatina prevailed in different parts of Germany. They are deſcribed under the titles of Morbilli igneiꝛ, Roſſalia, Eryſipelata, and Univerſal

* Erat alio malignus morbus, alteri benignus, ferèque toto cœlo ab altero diverſus.——Simillimos, æque viventes perſæpe vidimus correptos diverſo modo, benignè vel malignè. Pag. 23. Compare Severinus, de Pedanchone, Partic. ii. pag. 30.

† Morbilli ignei ſunt tumores corporis, in cute potiſſimùm conſpiciendi, omnium minimi, cum febre continuâ putridâ, malignâ, et ruboribus totius corporis pruriginoſis conjuncti, a ſero, bilioſo, maligno, et

verſal Eryſipelas. Doringius has given a more accurate account of the Scarlatina anginoſa than any preceding writer; and he is, I believe, the firſt who has noticed the frequent termination of this diſeaſe in painful tumours of the joints, or in dropſical ſwellings of the abdomen and lower extremities. "Terminatur ad plurimum tranſlatione materiæ ad articulos extremorum, cum tam dolorifico tumore ac rubore qualis apud arthriticos eſſe ſolet: hinc cutis reliqua corporis ſquamatim detrahitur: mox pedes ad talos et ſuras uſque intumeſcunt: urinæ craſſeſcunt, et ruteſcunt. Hypochondria tenduntur primùm, et reſpiratio difficilis redditur: paullò poſt abdomen ipſum in tumorem attollitur: iſti autem non niſi magno labore, et poſt multas demum ſeptimanas, ceu hydropici incipientes, ad priſtinam ſanitatem deducuntur*."

The Scarlatina is again deſcribed as a new diſeaſe, under the title "Febris miliaris rubra," which is ſaid

specificè corrupto orti. Ephemer. Acad. Nat. Cur. Dec. 1. ann. 6. 7. Obs. 42. Bonetus terms the Sore-throat connected with this eruption, Angina ignea, Med. Sept. II. 7. 3. See Sennerti op. tom. II. l. 4: cap. 12.

* Epist 18, ad Sennertum. See Bonet. Med. Septentr. collat. lib II. c. 7. Compare Prosp. Martian. Comment. in Hippoc. Epid. l. II. sec. 3. and Bonacursius, cap. 45. Mal. Extern. de Rossaliâ, vel Fersâ. Bononiæ, 1656.

to

to have appeared at Leipſick, about the middle of the 17th century. Godofred Welſch, in a Diſſertation entitled, "Hiſtoria medica novum iſtum puerperarum morbum continens, qui ipſis Der Frieſel dicitur," mentions, beſides the white miliary eruption uſual in puerperal caſes, another * form of diſeaſe, characterized by ſhiverings, pain of the head, redneſs of the eyes, a vivid red raſh, ſometimes over the whole body, ſometimes in ſcattered patches, great heat, roughneſs and itching of the ſkin, general debility, reſtleſſneſs, and frequent hæmorrhagy from the noſe. He further obſerves, that between the fourth and ſixth day from the beginning of the complaint, the redneſs of the ſkin was at it's height, or rather declining; and that in thoſe who recovered there was a regular criſis either by a ſlight diarrhœa, or copious perſpiration, ſucceeded by deſquamation of the cuticle. With theſe leading circumſtanees, the author has intermixed the ſymptoms uſually attending the appearance of miliary puſtules, DEF. X. 4. and has thus unneceſſarily added another ſpecies to the Miliary eruptions, noticed before his time by the Germans and French,

* Malum hoc duplici ut plurimùm comparuit facie, rubrâ plerumque, non rarò albâ; illud cum insigni ac intenso semper calore, rubore, pruritu, et asperitate cutis duriusculâ; hoc vero quoad calorem, pruritum, juxta ac rubedinem, remissius, et pusillis albicantibus pustulis, ichorem in se continentibus, conspicere est.

in treating of puerperal and malignant Fevers*. In comparing this eruptive fever with Sennertus's imperfect account of the Roſſalia, Welſch betrays his total ignorance of the latter. He ſays the complaint at Leipſick could not be the Roſſalia, "becauſe it was attended with a general redneſs, and roughneſs of the ſkin," circumſtances which, though not noticed by Sennertus, are in reality characteriſtics of the Scarlatina. We cannot be ſurprized at the miſtake of a medical ſtudent on ſubjects, wherein the authors he conſulted were very defective; but there ſeems little excuſe for men of experience, who could perſuade themſelves that a new epidemic and contagious eruptive diſeaſe commenced almoſt inſtantaneouſly, and after ſpreading in a ſhort time over the greateſt part of Europe, ſuddenly and finally diſappeared.—The nature of the diſeaſe at Leipſic may be eaſily underſtood by comparing Dr. Welſch's Diſſertation with the ſtatements of his cotemporaries, and of ſome preceding writers. From theſe it appears that the Morbilli ignei, or Purpura (both which terms denote the Scarlatina; pag. 290, 301.) was, about the year 1650, epidemical in the vicinity of Leipſick. According to Dr. D. Wincler, Eph. Ac.

* Tagaultius, Fernelius, Hadrianus Junius, Fœsius, Sennertus, &c. See Foresti Op. pag. 206. Riverii Prax. l. XVII. sect 3. cap. 1. Bonet. Med. Septen. t. II. l. 5. Etmuller de Febribus, pag. 245. and Burserii Inst. Med. vol. II. § 384.

Nat.

Nat. Cur. Dec. I. an. 6. 7. obſ. 42. "Hi Morbilli apparuere primùm apud nos anno 1642, poſt obſidionem Bregenſem; Lipſiæ verò paulò poſt: et quod nos in pueris, ipſi in puerperis * annotarunt, ut teſtatur Diſputatio ibi habita anno 1655, a D^no^ D. Welſchio. Vocant verò Der Frieſel, a panni Frieſe ſimilitudine: nomen quidem eſt diverſum, res vero eadem, ut ex definitione ipſorum, Cap. III. Theſ. 5. unuſquiſque videre poteſt. Symptomata autem iſta periculoſa, ut angina, parotides, &c. apud illos abfuerunt." He has prefixed to his obſervations a fatal caſe entitled, "Angina in Morbillis."

Georg. Hieron. Welſch mentions the Lipſian epidemic under the title "Febris coccinea†"; and has given the particulars of one caſe, which appears evidently to have been a mild Scarlet Fever.—From Chr. Joannes Langius we learn that the diſeaſe at Leipſic

* Whenever the Scarlatina is epidemical, it usually affects women two or three days after lying in, and often proves fatal to them. Many instances of this occurred in 1786, and the succeeding years, while the Scarlatina was prevalent in London. In 1796-7, there was a still greater mortality from the same cause. See Reports on the Diseases of London, pag. 341-2. Dr. Withering also says, the Scarlet Fever and Sore-throat at Birmingham was "particularly fatal to lying-in women:" he had himself three patients under these circumstances, and they all died. Pag. 25.

† Cur. Propr. 2. Dec. 1.

was

was not, according to the firſt account of it, peculiar to women in childbed, but extended to perſons of all ages and ſexes, and proved fatal to many. In treating of the Febris Purpurea, he obſerves, " Purpura in noſtrâ Lipſiâ perquam frequens eſt, ut non modo pueros cum juvenibus, adultos cum ſenibus, viros cum fœminis, et ex his ſpeciatim puerperas, totâ pene die invadat; et paucos intrà dies, ni ſumma habeatur cura, interimat. Sed non a multis retrò annis hanc Purpuræ moleſtam familiaritatem civitas noſtra experta eſt, ſed demum paulò ante annum hujus ſeculi quinquageſimum, cum puerperarum quamplurimarum ſtrage, primam ejus invaſionem recordantur incolæ" *.

Etmuller, who was Profeſſor of phyſic at Leipſic about twenty years after the firſt appearance of this epidemic, makes nearly the ſame obſervations: " Febris noſtra purpurata, Der Frieſel dicta, alias Febris miliaris dicitur, item Morbilli ignei. Febris hæc quoſvis adoritur, mares et fœminas, infantes et adultos, præſertim puerperas, quibus et malignior et funeſtior exiſtit menſium retentorum occaſione." De Feb. pag. 527.

* Chr. J. Lang. Prax. Med. cap. 13. and Scacher de Febre acutâ exanthematica; Lipsiæ 1723. Iste affectus non modo puerperas, verum tenellos, etiam adultos utriusq; sexûs, adortus est. See Haller. Disputationes, vol. V. p. 488. Hoffmann, Consultat. Med. p. 413. Juncker's Conspectus, tab. 64.

An

An epidemical Miliary Fever, reſembling that at Leipſic, is ſaid by C. Rayger to have prevailed at Preſburgh in the year 1671-2. From his account of the diſeaſe, however, we may deciſively conclude that it was the Scarlatina: after conſidering it as an "Eryſipelas per totum corpus diffuſum," he adds, "totum corpus intenſè rubrum erat, ac ſi panno rubro involutum eſſet:" and he himſelf thinks it might more properly have been denominated Roſſalia*.

The Scarlatina ſpread through Poland in the year 1665, and has been well deſcribed by Schultzius under the denomination of Purpura epidemia maligna †. A few years afterward it was noticed by various authors in Denmark, Holland, Switzerland, Lombardy, Bavaria, Auſtria, England, and Scotland ‡. J. N. Pechlin ob-

* Miscell Nat. Cur. Dec. I. ann. 3. De Febre malignâ cum Exanthematibus miliaribus.

† Act. Ac. Cur. Dec. I. ann. 6. 7. pag. 206. The fatality of this epidemic among infants and children deserves to be noticed. "Plerique 2dâ die morbi, nonnulli etiam 1mâ moriebantur."

‡ Borrichius de Rossalia squamosâ.—Misc. Nat. Cur. Dec. I. ann. 45. & Dec. III. Ephemer. Dec. III. Targione, sopra humana salute, tom. III. Nerucci de Variolis, Sydenham, Morton; and Sibbald, Scotia illustrata, part I. pag. 55. It is observed, Act. Erud. Lips. tom. IV. ann. 1685, "Describit Sibbaldus febrem Scarlatinam dictam, cujus historia nostratium Purpuræ, germanicè Friesel, accuratè respondet."

ſerves,

ſerves, that this diſeaſe, which he conſiders as a ſpecies of Meaſles (Morbilli), was epidemical in different parts of Germany from 1677 to 1683. As a proof of the rapid progreſs of the contagion, he ſays that ſeven hundred perſons were affected with the diſeaſe, at the ſame time, in Stutgard*.

Between 1690 and 1696 this diſeaſe, termed Morbilli maligni, pernicioſa lues, peſtis puerorum, &c. made ſimilar ravages in Dreſden, Wirtembergh, and Ulm, as appears from ſeveral diſſertations in the Ephemerides†.—According to Loew, Hiſt. Epid. Hung. Act. Nat. Cur. p. 26, the Roſſalia immediately ſucceeded the Meaſles, and was diffuſed through Hungary in the year 1697. About the ſame time it prevailed in Saxony, and again proved fatal to many in Leipſic, as we are informed by C. J. Langius; Diſputat. 44. —It continued in different parts of the electorate above fifty years, occaſionally exhibiting all it's different forms, of which an enlarged account was given in the year 1742, by John Storch, who had ſeen upwards of two hundred caſes of the diſeaſe. It's latter ſtage was attended with dropſy, and many dangerous ſymptoms, ſo that one in ten of his patients

* Obs. Physico Med. 19. l. II.

† Dec. III. ann. 1. Dec. IV. p. 21. &c. &c.

died.

died.—The Scarlatina anginoſa raged at Berlin from 1694 to 1701, and has been well deſcribed by its proper title in the Act. Med. Berolin. Dec. I. vol. II. and Dec. II. v. V. § 3. It's ſubſequent appearances in different parts of Germany and Italy, until the middle of the laſt century, are noticed by ſeveral writers on the Febris miliaris, Purpura miliaris, Purpura rubra, Purpura febrilis, Morbilli maligni*, &c.

The ulcerated Sore-throat, or Aphthæ febriles, a diſeaſe frequently occurring in Holland, was in the opinion of Van Swieten†, a modification of the pur- Purpura, or Febris miliaris, deſcribed by German authors. De Haen does not heſitate to denominate it Scarlatina peſſima‡. It is ſingular that this complaint, when epidemical in the vicinity of Leyden about the year 1669, ſhould be again mentioned and deſcribed as an unknown diſeaſe§.

Dr.

* Act. Nat. Cur. vol. II. obs. 32. vol. VI. pag. 72. vol. IX. pag. 55. &c. &c. Historia Morbor. Vratislav. 1700-1702. Violante de Morbillis, 1732. Saltzman Historia Purpuræ miliaris, Argentorati, 1736. Aloysio Targioni, at Florence, 1717-18, tom. III. Rosenstein, at Upsal, 1741, cap. 16. Ant. Storck. mens. Nov. 1759. Vindebonæ, &c. &c.

† Commentar. in Boerh. Aph. 997. ‡ De Feb. Division.

§ Dr. Guid. Fantoise, Dissertatio Medica De Epidemio hactenus inaudito, æstate anni 1669, Lugduni Batavorum, vicinisque locis, grassante.

Dr. Morton is the firſt Engliſh author who has given an enlarged account of the Scarlatina. He mentions the affection of the throat, with all the other ſymptoms peculiar to the Scarlatina anginoſa*, and it's uſual conſequences, as ſwelled parotids, ſcrophulous ulcerations, atrophy, and anaſarcous ſwellings of the legs. He alſo relates ſome caſes of the diſeaſe in its malignant, or, as he terms it, peſtilential † form. How-

His account of this disorder agrees precisely with the description of a similar epidemic in Holland by Tyengius in 1715, formerly quoted, page 290-1.

* Ubi morbus est benignus effiorescentia 2do vel 3tio morbi die incipit, atque 4to vel 5to die, unâ cum febre comitante, recedit: ubi malignus est, et epidemicus, non rarò efflorescentiæ apparatus ad 6tum vel 7mr diem protrahitur; et efflorescentia usque ad 14m et ultrá durat. Intereá febris accenditur; glandulæ pharyngis, laryngis, &c. inflammantur: dolor fit in gutture ulcerosus; deglutitio læditur; anhelitus, strangulatio ac suffocatio, cæteraque, anginæ symptomata sæpiùs ingraveseunt. Post efflorescentiam peractam, denique morbi ipsissimi, scrophulæ, cachexia vel atrophia universalis, leucophlegmatia, ascites, morbum consequuntur. De Morbillis & Febre Scarlatina, cap. IV.—V.

† See Case II. cap V. on which he remarks, siquando venenum istius modi, crisi perfectâ, per cuticulam propelli haud potest, tanquam venenum pestilentiale glandulas sponte petit narium, faucium, inguinum, &c. easque inflammat, et exulcerat: nec non carcinomata, bubones, et parotidas excitat. Quantum tonsillas, uvulam, fauces, nares, et quamdiu intumuisse vidi! quam turgida nonnumquam labia! et quam sordidâ scabie obducta et exulcerata, ab eâdem causâ, animadverti!

Dr. Morton's observations were made between the years 1672 and 1694.

ever,

ever, as was formerly ſtated (pag. 241-2), he conſiders the Scarlatina merely as a variety of the Meaſles, and thinks it has the ſame relation to that diſeaſe, as the confluent has to the diſtinct Small-pox*. On this hypotheſis, all perſons who had paſſed through the Rubeola vulgaris † might, without apprehenſion, expoſe themſelves to the contagion of the Scarlet Fever. The fatal conſequences which would ariſe from acting in conformity to ſuch an opinion, have been aſcertained by the experience acquired during the lapſe of another century.

The Scarlatina anginoſa is properly noticed in the Edinburgh Medical Eſſays, vol. III. p. 27. "July 1733, children were attacked with the SCARLET FEVER and ANGINA, which became very epidemic in the two

* Hunc morbum prorsùs eundem esse cum Morbillis censeo, et solo efflorescentiæ modo ab illis distare. Quæ differentia tanti non est ut alterum morbum constituat, nisi pari ratione Variolæ confluentes et distinctæ, cæterique morbi ex accidente aliquo inter se differentes, ubi causæ, symptomata, prognostica, curativæ indicationes, atque methodus medendi, ab invicem minimè distent, in diversos morbos dividantur—— Quorsum enim nova nomina affectibus imponantur, et morbi tantum specie differentes sub alio atque alio titulo tractentur?

† Dr. Morton himself says, Nunquam in totâ meâ praxi novi quemquam, præter unum puerum, secundâ vice hoc morbo correptum. De Morbilli et Febre Scarlatinâ, cap. III. pag. 38.

ſucceeding months, was leſs frequent and milder in October, but continued all the winter and ſpring. This diſeaſe began commonly with a quick pulſe, heat, thirſt, headach, and a pain in the throat, where frequently a ſwelling of the amygdalæ was obſerved. Many had a vomiting and diarrhœa at the firſt attack of the diſeaſe, without any remarkable change on the other ſymptoms. After a day or two, the face, or extremities, and ſometimes the whole body ſwelled, the ſkin being red, with a watery clearneſs ſhining through it. Frequently the ſwelling and redneſs proceeded gradually from one part to another. It was remarked that ſuch patients as had undergone the Scarlet Fever any time in their lives before, took at this time the fever and angina, without the ſcarlet eruption*; but all who laboured under the Scarlet Fever had the angina alſo. Many who were neglected in the beginning of this diſeaſe were ſuffocated by the anginæ,"

In the fourth volume of the ſame eſſays, pag. 490, is an abridged account of a ſimilar epidemic Fever in New England, attended with "ſwelling, pain, and white ſpecks in the uvula, and tonſils, and a diſtinct, red,

* See above, pag. 274.

miliary

miliary eruption over all, and at it's height on the fourth day; after which it itched, and ſcaled off, and the ſpecks ſloughed off from the ſubſiding fauces."

" A worſe kind of this fever was accompanied with a low, unequal pulſe, proſtration of ſtrength, deſpondency, colliquative vomiting, purging, or ſweats, chopped tonſils, with brown or livid ſpots; the eruption darker coloured, or appearing, and diſappearing; ichor, or pus coming by the mouth and noſe from parts out of ſight; mucous exuviæ ſloughing off the tongue, œſophagus, or bronchia. Many thus affected died the ſixth or ſeventh day."

" In the worſt ſort, the pulſe and ſtrength were ſtill lower, the colliquations greater; and the ſick had a ſinking pain at the ſtomach, ſtupor, delirium, convulſions, and an intolerable fœtor. The few thus ſeized died the firſt, ſecond, or third day.—This diſeaſe was followed in ſome by diſcolourations and hæmorrhages, like thoſe in the Scurvy; in others by tumours, which often ſuppurated; in others by hyſterical ſymptoms, melancholy, fatuity," &c.

The author adds that this fever " ſeized a half of the inhabitants of New England, and killed one in thirty-five," and that " in ſome places one ſixth, one fourth, or one third of the ſick died."

This

This ſtatement, given by Dr. Douglaſs of Boſton, is confirmed by Mr. Colden*, who remarks, that "The firſt appearance of the diſeaſe was at Kingſtone, an inland town, about the year 1735"; that "it gradually ſpread from thence, weſtward, over all the colonies in North America"; that "it was two years in Hudſon's River," that "it was ſome time before it paſſed to the weſt ſide of that river, its firſt appearance being in places to which the New England traders reſorted, or through which they travelled."

Dr. Huxham, in the year 1734, obſerved an epidemic diſeaſe termed by him Febris anginoſa, which anſwers in all reſpects to the Scarlatina anginoſa. This will be manifeſt to thoſe who carefully read his deſcription of the ſymptoms, particularly of the effloreſcence, and appearances in the throat†. The anginoſe and eruptive

* On the "Throat-Distemper," Med. Observ. & Inquiries, vol. I. pag. 211. It will appear probable from Dr. Huxham's statement below, that the infection was conveyed to America by the ships cleared out from Plymouth, Falmouth, or some of our southern ports.

† De Aere et Morb. Epidem. vol. I. pag. 92. &c. &c. This appears to be the disease noted in the Gentleman's Magazine for the year 1734, Sept. 30. "In Cornwall, a fever, which last year was very mortal, seemed to return this month, seizing suddenly those who, in appearance, were well but a moment before, with violent vomitings, flux, faintness, sighings heat, thirst, raving, doating, and depression of heart."

Fever

Fever continued under Dr. Huxham's notice, in different parts of Devonſhire and Cornwall, till the year 1753. He mentions it under the denominations of "Febris miliaris rubra*," "Febris miliaris malignat," and "Febris anginoſa miliaris‡;" in other paſſages he informs us that the ſimple Scarlatina §, alſo termed Eruptio Eryſipelatoſa ‖, and perhaps Rubeolæ¶, frequently occurred with the anginoſe fever. The Small-pox and Meaſles (Morbilli) were alſo very prevalent within the ſame period, as alſo the Chicken-pox, termed ſometimes Rubeoli, and ſometimes Febris Rubeoloſa puſtulata**. In his diſſertation on the "Malignant Ulcerated Sore-throat" (Angina maligna of Dr. Fothergill, and other authors), he ſays, "The Febris anginoſa was attended with ſcarlet or puſtular eruptions, ſucceeded by great itching and deſquamation of the cuticle," pag. 108. At page 116, he conſiders "the malignant ulcerous Sore-throat, as a diſeaſe ſui generis," yet he acknowledges, "It had a very great reſemblance to the Febris anginoſa;" and that "truly ſome of the Scarlet Fevers

* Vol. I. pag. 60 & 111. VII. 115.

† Vol. I. p. 123-4.

‡ Vol. I. p. 107.

§ Vol. I. 125. VII. 113.

‖ Vol. I. 95.

¶ Vol. I. 71. 28. & 116.

** See vol II. pag. 76. 132. 137. 153. &c.

mentioned

mentioned by Morton were not much unlike it." He alſo ſtates (De Aere & Morb. ann. 1752), that the Febris anginoſa, and the malignant ulcerated Sore-throat, equally exhibited an eruption of papulæ or exanthemata, and conſequent deſquamation of the cuticle: "Febris anginoſa puſtuloſa graſſatur adhuc plurimùm: eſt etiam angina maligna ulceroſa perfrequens, cum putridâ febre, fœdiſſimo ſpiritûs odore, vomitu, alvi fluxu, imo et interdum faucium ipſa gangrœnâ. In morbo utroque facilis puſtularum, ſudorum, aut exanthematum eruptio, magna conſequenti cuticulæ deſquamatione: funeſta ſane ſunt ſigna, perarida cutis, aut lividæ puſtulæ."

Perhaps the epidemic Febres eryſipelatoſæ and Febres miliares, which occurred in the years 1728-29-30, and the Febris miliaris cum pravis admodum ſymptomatibus, in 1731*, were the ſame as the diſeaſe here mentioned, but not ſo well underſtood by Dr. Huxham till afterwards. In December 1752, he uſes the term Scarlatina to expreſs the eruption attending the angina maligna, or malignant ulcerous Sore-throat. Decembri; Angina valdè maligna frequens: Jam eruptio non eſt tantum Scarlatina, ſed interdum Eryſipelatoſa.

* See vol. I. p. 107. 111. 125. Vol. II. p. 28. 31. 68. 113. 115. 132.

In

In the year 1743, the Scarlatina maligna appeared at Paris. Much information reſpecting it is given under the titles Eſquinancie maligne, and Mal a la gorge, in the Hiſt. de l'Acad. des Sciences. M. Malouin, who wrote the article on epidemic diſorders, obſerves that, in 1746, many patients died of the Sore-throat in nine hours from the commencement of fever, and that none eſcaped with life. Such a mortality will not now excite wonder in thoſe who are informed that the Pariſian phyſicians attempted to cure this diſeaſe by repeatedly ſcarifying under the chin, by bleeding in the jugular vein, and by extirpating the uvula, velum pendulum, and a portion of the tonſils. In 1749, Malouin connects the Mal a la gorge with Rougeole*;

* 1749, Les Rougeoles ont ce printems été avec enflure fluxionaire de visage, et les rougeurs ont été extraordinairement long tems a se dissiper, surtout au menton. Je crois dévoir remarquer, a cette occasion, que les maux de gorge erésipélateux, qui ont été communs dans le même tems que les Rougeoles, ont été accompagnés de rougeurs a la poitrine, vers le cou, et aux bras. Ces rougeurs etoient en boutons qui blanchissoient lorsque on passoit le doight dessus, et ensuite ils redevenoient rouges. Les maux de gorge commencoient presque toujours par un embarras dans la tête, une envie de vomir, et un abattement de tout le corps: Quelques uns de ces malades sont meme tombés en défaillance; et enfin les élevures avec rougeurs parossoient au bras, et au haut de la poitrine. J'ai vù un de ces malades dans lequel tous ces accidents ont disparu parceque lui est survenu une enflure douloureuse à la main droite, et au pié gauche.

then, like many French phyſicians who make little diſtinction between Rougeole* and la Fièvre rouge, he ſays, in 1751, "Les maladies épidemiques étoient des eſpéces de Fièvres rouges, qui ont plus attaqués les femmes que les hommes. Cette maladie reſembloit a la Rougeole: c'étoient de grandes plaques rouges, ſans boutons: les malades avoient la tete enflée, les yeux rouges, de l'étouffement, et mal a la gorge." This diſeaſe continued till the year 1753 or later, though not always with the ſame degree of violence. Within the period mentioned, an accurate account of the different forms of the cutaneous eruption, and appearances in the throat, of the ſtate of the pulſe, the ſwelling of the ſubmaxillary glands, and of the ſucceeding anaſarca, was given by ſeveral writers † in Paris, and in other parts of France, to which the diſeaſe ſoon afterwards extended. The moſt accurate of theſe is Navier‡, whoſe obſervations on the Fièvre rouge were made in the years 1751-2, at Chalons and other places.

* See above, p. 289.

† Comment. Med. Lips. vol. I. pag. 91. Chomel's Dissertation on the Gangrenous Sore-throat, 1749. Rabours de Ulc. tonsillar. Mem. de l'Acad. de Montpelier. Journal de Medecine, tom. XXXI. &c.

‡ Dissertation sur plusieurs maladies populaires, &c. a Paris, 1749. See Commentar. de rebus, vol. IV. pag. 338.

The

The " Sore-throat attended with ulcers," which was prevalent in London during the years 1747-8, and of which an accurate account was given by Dr. Fothergill, appears to have been an epidemic Scarlatina, like the anginoſe Fever, and ulcerated Sore-throat deſcribed by Huxham. Although many of Dr. Fothergill's caſes were certainly of the malignant kind, and he thought proper to inſiſt generally on the putrid * tendency of the diſeaſe with a view to combat the mode of treatment then employed, yet it is evident from his treatiſe, that he frequently ſaw the diſeaſe in it's mildeſt form. The raſh, of which he has given a full deſcription†, coincides exactly with that in the Scarlatina. It appeared on the ſecond day of the diſeaſe, and began to decline on the fifth. He further obſerves, that there were " in general ſymptoms of recovery on the third, fourth, or fifth day", and that, " ſome grew eaſier from the firſt day of the attack‡." With reſpect to the affection of the throat, he ſays, " The diſeaſe ter-

* Pag. 49, 59, 71-2.

† Page 32. Notwithstanding this characteristic appearance, he is anxious to establish " an essential difference" between the disease he describes, and the Scarlatina (see page 3 and 52), particularly " the Sore-throat and Scarlet Fever, which shewed itself at Edinburgh in 1733." Med. Essays, vol. III. See above p. 311.

‡ Pag. 35.

minates in a ſuperficial ulceration of ſome of the parts about the fauces, with little appearance of ſloughs if the diſeaſe is very mild; and with large and deep ones, of a white, cineritious, livid or black colour, if it is more violent *." In another place he ſays, " Where the diſorder is mild, a ſuperficial ulcer appears in one or more of theſe parts, which may eaſily eſcape the notice of a perſon unacquainted with it, as it can ſcarcely be diſtinguiſhed from the ſound part, but by the inequality of ſurface†." He adds, that under a proper mode of treatment, " it ſeldom happens, but that the febrile ſymptoms diſappear, the ſlough come off, and the ulcers are diſpoſed to heal in a few days, unleſs it be where miſmanagement at firſt, malignity of the infection, or an unfavourable conſtitution, have one or all contributed to increaſe the diſeaſe, and to render its conſequences more laſting and miſchievous‡."

The diſeaſe deſcribed by Dr. F. was attended with hæmorrhage from the noſe, mouth, and ears, alſo from the uterus: ſuch diſcharges of blood take place in every variety of Scarlatina, and in the two latter ſpecies are often fatal. He has noticed a circumſtance

* Pag. 51.

† See pag. 34, 59, and 64.

‡ Pag. 67.

peculiarly

peculiarly attributed to the Scarlatina anginoſa by moſt writers on that ſubject: "Another ſymptom which requires our attention in the cure of the diſeaſe is an exceſſive faintneſs, of which they generally complain ſoon after they are taken ill, and continue to do ſo, if they are ſenſible, till the diſtemper begins to abate*."

The doctor has elucidated his obſervations by two inſtances (pag. 52, 56) in which ſlight caſes of Scarlatina anginoſa, ſeem to have proved fatal from an imprudent uſe of bleeding and purgatives. One of the caſes ſo treated, he ſays, "was apprehended to be a common Scarlet Fever."

He remarks in concluding, "Thus much, however, seems to be true in fact, that in ſome caſes, the diſeaſe appears to be of ſo mild a nature, and ſo benign, as to require but little aſſiſtance from art. Perſons even recover from it under the diſadvantages of unſkilful and injurious management; whilſt in others the progreſs of the ſymptoms is ſo rapid, and the tendency to corruption ſo ſtrong, that nothing ſeems able to oppoſe it. Juſt as it happens in the Small-pox: the benign and diſtinct ſort bears ill treatment without injury: in the malignant flux kind, the utmoſt art and experience are too often inſufficient to conduct the diſtemper to a happy iſſue. Whether this diverſity in

* Pag. 39, 40, 57.

the

the Sore-throat we are ſpeaking of, is owing to a difference of conſtitutions, or of ſeaſons, to the different quality or quantity of the contagion, or the manner of receiving it; or whether there are in reality diſtinct ſpecies, may perhaps hereafter be more certainly determined.*"

That the diſeaſe deſcribed by Dr. Fothergill was an epidemic Scarlatina is further proved by a letter from Dr. Cotton to Dr. Mead, "On a particular kind of Scarlet Fever, prevalent at St. Alban's in the year 1748," publiſhed about the ſame time as Dr. Fothergill's treatiſe†. The diſeaſe had undoubtedly ſpread from London

* Pag. 68.

† The influence of accidental circumstances on medical practitioners and medical authors was strikingly exemplified in Dr. Fothergill and Dr. Cotton. A popular alarm, first owing to the sudden death of Mr. H. Pelham's two sons, on the same day, by a malignant Sore-throat (Gent. Mag. vol. XXVII. Nov. 1739.) and afterwards kept up through reports of the appearance of this supposed pestilential distemper in other parts of the kingdom, occasioned Dr. F.'s account of it to be read with the utmost avidity. The title and tenor of his publication so far coincided with current opinion, that he soon attained the highest professional eminence. Dr. Cotton's treatise on the same subject had perhaps equal merit with regard to stile and precision; but as he gave an old appellation to a disease certainly not new, his work attracted little attention, and produced him no emolument. The doctor was, however, consoled

London to all the adjacent towns: and Dr. Cotton's narrative affords an opportunity of comparing it's appearances in the country, with its form in a crouded metropolis.

" The diſeaſe began at St. Alban's in September, and as uſual affected children more than adults. In general the firſt ſymptoms were ſickneſs, vomiting, and purging. A ſore throat immediately followed theſe diſcharges, or ſometimes appeared along with them. The pulſe was quick and ſmall; the thirſt intenſe, with a ſenſation of burning heat on the ſkin. The tongue was often moiſt and but ſlightly furred. Some were delirious for ſeveral days together; ſome comatoſe; others had continued watchfulneſs without any delirium; only a few complained of head-achs; and even ſome of thoſe who were afterwards moſt delirious did not complain of previous pain in the head. Almoſt all experienced a ſudden loſs of ſtrength, with extreme anxiety and dejection of ſpirits. The eyes looked watery; the countenance was bloated, and particularly the eye-lids. In many the hands, arms,

ſoled by the viſitation of his muſe, and by the comforts of his rural " Fire-ſide." He declined an invitation to practice in London, conſidering " the metropolis as a dangerous and ſtormy ocean:"—If we can truſt the muſe, his " ſearch after happiness," among calmer ſcenes, was not ineffectual.

and

and neck were ſomewhat tumefied: and ſometimes a cough attended theſe ſymptoms. The tonſils, parotid and ſubmaxillary glands ſuddenly ſwelled to a conſiderable degree: at the beginning of the diſorder ulcerations in thoſe parts did not conſtantly appear; but in ſome caſes, as the diſeaſe advanced, ulcuſcula might be ſeen ſcattered about the fauces, being large on the tonſils, though every where ſuperficial, and covered with a whitiſh ſlough.—The diſeaſe arrived at its height on the fourth or fifth day; after which it gradually declined: and the glandular tumours ſubſided. In two or three patients the ſwelling of the parotids remained a fortnight longer, and ſuppurated largely. The cuticle ſeparated as in other caſes of Scarlet Fever. Many had a ſenſation of general ſoreneſs; the dejection of ſpirits likewiſe extended beyond the diſeaſe, and was accompanied with ſingular perturbations of the mind."

" The Scarlet efflorescence, appeared in ſome, over the whole ſurface of the body, immediately on the attack of the diſeaſe: in others there intervened one or more days between the firſt ſickening and the eruption, the raſh being ſometimes partial, and gradual in it's advances. The legs and thighs were ſpotted up and down with ſpots of various dimenſions, ſome as large or larger than

a ſixpence, while the trunk of the body was covered with ſuch an infinite number of them, and ſo cloſely ſet together, that no interſtices appearing, the body was in ſome perſons almoſt as red as if it had been dipped in blood. In others the ſcarlet efflorescence was trifling as to the degree of colour; and ſo very ſlightly was the ſkin tinged, that the diſeaſe was known more from the collateral ſymptoms than from the efflorescence. The ſcarlet efflorescence not only differed as to degree in different perſons, but even in the ſame patient; appearing on the face, neck, and breaſt, even with the ſuperficies of the ſkin, eryſipelas-like, at leaſt ſo far as the eye could diſcover; while on other parts, the eruptions were prominent, and the cuticle felt rough, with all the aſperity of fiſh ſkin that ſpectacle caſes are made of. The appearance of the efflorescence ſeemed not to demand attention, ſo far as to influence the method of treatment; ſome being very delirious with the eruption fully out and intenſely red, and others equally ſo with the eruption ſparing and pale. It is a general law in eruptive diſorders, that the more liberally the eruption comes out, the ſecurer is the patient rendered thereby: and yet ſo little did this rule hold true in the preſent caſe, that in two patients who died the eruption was univerſal and florid to the laſt; and in one of them, that anxietas circa præcordia, which is uſually moſt urgent in other

eruptive fevers before the eruption breaks out, was in this caſe as exquiſite when the efflorescence had attained it's higheſt colour, as before the eruption made it's appearance."

"From this diverſity of ſymptoms, I have found ſome practitioners inclined to think, that this diſeaſe could not with propriety be called a Scarlet Fever. But I imagine that ſuch diſputes are about words only. For though there is a conſiderable difference between the preſent Scarlet Fever, and that milder one which Sydenham deſcribes; yet if an increaſed number of ſymptoms, and a more exaſperated degree thereof would authoriſe a phyſician to alter the name of the diſeaſe, I fear that confuſion would be the conſequence of ſuch a liberty. For the ſame reaſons the Small-pox might ſuffer a change of it's name; becauſe there is not a greater difference between the preſent, and any former Scarlet Fever, than there is between Small-pox and Small-pox; more eſpecially if the compariſon be made between the mildeſt degree of the diſtinct, and the moſt violent degree of the confluent ſort."

Dr. Starr, a phyſician at Liſkard, Cornwall, has deſcribed, Philoſoph. Tranſactions, No. 49, 1749, the moſt virulent form of Scarlatina, but under another title. He ſays, "We have had ravaging among us for ſome time,

at

at certain ſeaſons, a diſeaſe formidable in it's advances, and fatal in it's conſequences. I mean an occult Angina, called, with ſome propriety, Morbus ſtrangulatorius. Dr. Fothergill's Sore-throat with ulcers, and Dr. Cotton's St. Alban's Scarlet Fever, &c. are but it's ſhadows. Many pariſhes have felt it's cruelty, and whole families of children (whence it's contagious nature is but too evident) have by it's ſucceſſive attacks been ſwept off.—Few, very few, have eſcaped."

" They complained, on the firſt attack, of ſwellings of the glands, as tonſils, parotids, ſubmaxillary, and ſublingual glands, but frequently of no great importance; ſome, from an internal tumour, have had a large external œdematous ſwelling of the ſubcutaneous and cellular tunic, from the chin down to the thyroid gland, and up the ſide of the face. In one caſe the tumour broke in the fauces, but inſtead of a laudable pus, ſome ounces of coffee-coloured, exceedingly fetid matter were ſpit off:—the man recovered."

" A fœtor oris is uſually an early ſymptom: not a few had gangrenous ſloughs in their mouths, perhaps ſo early that the diſorder was ſcarce complained of till the ſlough was formed. Others, without any of the preceding ſymptoms, have only complained of a ſlight pain in ſwallowing, ſucceeded with a hot fleſh, feveriſh pulſe, a ſhort, low, hecking, hoarſe cough,

which ſooner or later was productive of a difficult, noiſy, and ſtrangulating reſpiration*."

"Some had corroſive puſtules in the groin, and about the anus, eating quick and deep, and threatening mortification, even in the beginning. In others, after a few days illneſs, numbers of the worſt and deepeſt petechiæ broke out in various parts of their body.—A child here and there had red puſtules on the nape of the neck, which threw off a ſurpriſing quantity of thin tranſparent ichor, vaſtly glutinous when dry. Theſe, if pultiſed or drawn with colewort leaves, were ſucceeded by a thick ſpreading ſlough. Nearly the ſame appearance took place where bliſters had been applied."

"There were large whitiſh membranous bodies adhering to the tonſils, velum pendulum palati, perhaps to the trachea, and often forced up by the cough with great relief."—Theſe Dr. Starr at firſt thought were of the ſame nature as the external ſloughs. He afterwards changed his opinion, and in his ſtatement to the Royal Society, accounts for the mortality of the diſeaſe, and the great difficulty of it's cure," by obſerving that in one caſe "the mucous coat of the velum pendulum, with much adhering ſlime, was ſeparated"; and that in another, "the mucous coat of part of the larynx,

* Dr. S. adds, "I never saw one in this disorder attacked with delirium."

[and

[and of] the whole of the aſpera arteria, with the grand diviſion of the bronchial ramifications," was drawn out by a thumb and finger. The patient ſurvived twenty-four hours, " and died in the end ſomewhat ſuddenly, though in his perfect ſenſes." An accurate engraving repreſents the ſize and form of what Dr. F. calls the ſeparated membranes, which, however, ſeem to have been nothing more than condenſed, adhering mucus. Vol. XLVI. Tab. 1. Fig 1 and 2.

A malignant, ulcerated Sore-throat, with an efflo-reſcence on the ſkin, appeared in ſome parts of Holland, about the ſame time as the diſeaſe, which was the ſubject of Dr. Fothergill's, Dr. Cotton's, and Dr. Starr's publications. Profeſſor De Haen, who was then reſident at the Hague, conſidered this fever to be a variety of the Scarlatina mentioned by Syden-ham. He ſays, " Anno 1748 & 1749, peſſima Scarlatina Hagæ Batavorum fuit, cum validâ anginâ inchoans, plurimoſq; infantes, tum et benè multos juvenes atq; adultos occidens; imò fauces, carneſque buccarum, in ulcera maligna, oſſa maxillarum in cariem, con-vertens, ſimiliaque etiam producens in cruribus. Non-nunquam parotis, non juvans, ſed indureſcens, aderat*."

* Theses sistent. Febr. divisiones, pag. 25. About the same time the Scarlatina, in it's mildest form, extended through an adjoining province (Gelderland), the account of which may be found in De Gorter. Prax. Med. tom. II.

Our

Our ſettlements in North America ſuffered dreadfully from the ſame cauſe between the years 1746 and 1760, as appears from ſome obſervations publiſhed, in 1769, by "John Kearſley, jun. Practitioner of Phyſic at Philadelphia"*:

"In the ſpring, ſummer, and autumn 1746, and during part of the winter, a diſeaſe, ſince called by the learned Huxham, Fothergill, and others, Angina maligna, or the putrid and ulcerated Sore-throat, prevailed in this and the neighbouring provinces, and ſpread itſelf with mortal rage, in oppoſition to the united endeavours of the faculty. Like moſt new † diſeaſes, till their conſtitution and nature are known, it ſwept away all before it; it baffled every attempt to ſtop it's progreſs, and ſeemed, by it's dire effects, to be more like the drawn ſword of vengeance to ſtop the growth of the colonies, than the natural progreſs of diſeaſe. In the New England governments the ſtroke was felt with great ſeverity: villages were almoſt depopulated, and parents were left to bewail the loſs of their tender offspring. This diſeaſe as it appeared then, and ſince within theſe few years" (i. e. before 1769), "had moſt

* See Gentleman's Magazine, vol. XXXIX. pag. 521.

† The impropriety of this epithet will appear from the statements, pag. 312, 314.

of

of thoſe ſymptoms to characterize it which the learned gentlemen above mentioned have handed down to us."

Similar epidemics were noted, within the ſame period, by Dr. Wall, Dr. Johnſtone, Dr. Ruſſel, and others, in different parts of Britain.

Dr. Wall * in a hiſtory of the ulcerated Sore-throat, obſerves, " The diſeaſe appeared in ſome parts of this county (Worceſterſhire and Warwickſhire) chiefly in low ſituations, about the beginning of the year 1748. It then went generally under the name of the Scarlet Fever, the complaint in the throat not being much attended to, or at leaſt looked upon only as an accidental ſymptom." When this diſeaſe appeared at Kidderminſter in 1749, it was found by Dr. Johnſtone to coincide perfectly with the ulcerous Sore-throat deſcribed by Dr. Fothergill.

The Angina epidemica, peſtilens, or gangrænoſa, ſeen many † times in London by Dr. R. Ruſſel, before the

* Medical Tracts, and Gentleman's Magazine, vol. XXI. pag. 497.

† Memoriâ meâ, bis, iterumque, morbum hunc accessisse, et mox pro tempore se subduxisse, recordatus sum ; pag. 105.—One of these appearances must have coincided with the epidemic Sore-throat described by Dr. Fothergill.

year

year 1752, was attended with a ſcarlet efflorescence (eruptiones ſcarlatinæ) in ſome caſes partial, in others ſpreading over the whole ſurface of the body. He has noticed the ſtrong tendency to gangrene * in this diſeaſe, but remarks, "Atque ego quidem ſi eruptio iſta mitior viſa ſit, morbum a Febre Scarlatinâ vix quidquam diſcrepare inveni, niſi fortè quod color macularum magis pupureus ſit et petechiarum ſpeciem æmuletur."

Prof. Cullen, following Sauvages and other noſologiſts, has miſplaced the ſpecies Cynanche maligna†. His deſcription of the raſh connected with it is evidently taken from the Scarlatina, and does not apply to any other diſeaſe ‡. He acknowledges, indeed, that "the ſcarlet eruption appears on the ſkin under the ſame form in both diſeaſes," and adds, that "he had five or ſix times ſeen the angina maligna united with the common Scarlatina;" alſo "that in different epi-

* Tonsillas autem putrida ulcuscula occupant, et quod minimè dubito, tanquam nigræ quædam aphthæ per universum tubum alimentarium in plurimis casibus superveniunt. Pag. 106.

Partes circa tonsillas, et laryngem nigrescunt sæpissimè, et gangrenâ tentantur. Œcon. Nat. in Morb. Gland. pag. 107.

Pessimus hujus morbi status eisdem casibus patet quibus et Erysipelas, et ad ejus naturam accedere videri potest. Pag. 108.

† First Lines of the Practice of Physic, § 306

‡ § 664 665.

demic

demic conſtitutions, ſometimes one diſeaſe predominated, ſometimes the other."

It may therefore be concluded that no Britiſh author has yet deſcribed any epidemical, and contagious Sore-throat, except that which attends the Scarlet Fever*, as above ſtated, page 262, 275. The title "Angina maligna" would have applied with equal, if not with more propriety, to the Sore-throat connected with a different ſpecies of contagion, viz. that of the Typhus, or malignant Fever, originating in the habitations of the poor, where no attention is paid to cleanlineſs and ventilation. The Fever, and Sore-throat, are ſometimes communicated together†, but the

* This inference, though now generally made by practitioners, has been admitted slowly and with great reluctance. Dr. Russel, notwithstanding Dr. Cotton's previous remarks (page 326), and the strong bias of his own mind to draw the conclusion, still hesitated: see above, page 332. Even Dr. Heberden speaks doubtingly on the subject; at least he uses the qualifying expressions "Longè verosimillimum," "proculdubiò," "ni fallor," "judicet lector," &c. and terminates his observations by a sort of compromise; "Verùm, ut maximè fuerint hi morbi diversi, meo quidem judicio, utriusque curatio eadem esse debet; si exceperis illa remedia, quæ, ut quibusdam visum est, faucibus sunt admovenda." Comment. page 21, 25.

† Solet præterea pestilens hujus morbi malignitas fauces invadere, et anginosos effectus efficere, tonsillarum tumores, cancrosa ulcera, aphonias,

the diſeaſe thus complicated does not become epidemical like the Scarlatina, nor is it attended with any eruption except petechiæ. It is often fatal, but not at ſo early a period as the Scarlatina maligna: it may alſo be repeatedly received, whereas the Scarlatina occurs but once in the ſame perſon.

Since the year 1760, more correct accounts of the Scarlatina, and it's varieties, have been given by many eminent authors, particularly by Plenciz, at Vienna, in the year 1762; by Angelo Zulatti, at Cefalonia, 1763 (Giornale di Medicina, t. II. No. 29. di Pietro Orteſchi); by Sauvages, at Montpelier, 1765; by Dr. Grant, in London, 1769; by de Haen, at Vienna, 1770 and 1771; by Doctors Eichel, Bang, Meza. and Aaſkow, at Copenhagen, and by Prof. Lorry, at Paris, 1777; by Dr. Leviſon, in London, 1777-8; by Dr. Withering and Dr. Johnſtone, at Birmingham, Stourbridge, &c. 1778; by Dr. Clark, at Newcaſtle, 1778-9; by Prof. Ruſh, at Philadelphia, 1783; by Dr. Ja. Sims, at London, 1786.—All theſe deſcriptions of the Scarlatina, occurring epidemically at different times, and in different climates, agree more nearly than might have

nias, gulæ resolutiones, et similia. Petr. a Castro, De Febr. malig. puncticulari (§ XXII. page 232.) Norimbergæ, 1652. See also Ramazzini, Constit. ann. 1691-4, § XX. and my Reports on the Diseases in London, Pref. & page 131.

been

been expected. I may add that they coincide with my own obſervations, ſo far as to juſtify the diſtinctions I have made in this diſeaſe.

It is needleſs to review the entire treatiſe written on the ſubject by Plenciz. He ſeems to conſider the dropſical ſtate which ſucceeds the Scarlatina anginoſa, as more dangerous than the fever itſelf, an obſervation not agreeing with the experience of others.

The epidemic in Cefalonia did not reſemble the diſeaſe deſcribed by Aretæus, and Aetius (page 284-7), was a mild Scarlatina anginoſa, chiefly remarkable for a prodigious diſcharge of inteſtinal worms (lumbrici) from the ſtomach as well as the bowels *.

Sauvages's account is ſhort: "Hac æſtate Monſpelii viget apud infantes Scarlatina, in quâ totus truncus intenſè rubet cum voce raucâ, et anginâ ulceroſâ, imò in quibuſdam gangrænoſâ. Noſol. Med. Cl. III. 9. 6.

Dr. Grant deſcribes the Scarlatina anginoſa under the title "Angina eryſipelatoſa," and carefully diſtinguiſhes it from the Angina maligna. He ſays, "The pain in the head, and down both ſides of the neck, is

* See Giornal. di Medicin. t. II. 29.

common to both; the feel as of pepper in the throat, the anxiety, reſtleſſneſs, and oppreſſion are ſimilar in both: the purple colour of the parts firſt affected, the redneſs or fluſhing of the ſkin, and the ſwelling of the hands and fingers, I have alſo ſeen in the Angina eryſipelatoſa. In carefully comparing theſe two diſeaſes, at the ſame time in different ſubjects, I obſerved that the ſpecks in the Angina maligna were more like a ſmall ulcer, the edges round the ſpecks thicker, and as if they were more circumſcribed, the ſlough thick and quite opake: the ſkin all round, although diſcoloured, is not excoriated: whereas the other is a true eryſipelas, and general excoriation as far as it extends; upon which are to be ſeen, in different places, broad patches of a thin, grey, film which gradually ſpread, but do not feſter and undermine as the ulcers of the Angina maligna do. Although the tonſils are ſwelled in both, yet the oblong external ſwellings at the horns of the hyoides were moſt conſiderable in the Angina maligna: ſo that the Angina eryſipelatoſa is a large excoriated ſurface, full of ſmall, red, angry papillæ, and covered here and there with a grey film of irregular ſhape and ſize *." Dr. Grant concludes that this Angina eryſipelatoſa is the ſame diſeaſe as the Febris anginoſa of Huxham: See page 314. From one of his caſes it alſo

* Grant on Fevers, vol. II. 129. See the cases, which exhibit several varieties of the Scarlatina.

appears

appears that the Angina eryſipelatoſa and Angina maligna may be produced by the ſame contagion. P. 136.

De Haen furniſhes a caſe in which two perſons of the ſame family were affected with the ſimple Scarlatina, while the reſt had the Scarlatina anginoſa with different degrees of malignity. He repeats the obſervations made at the Hague, in 1748, reſpecting the peculiar virulence of this diſeaſe: "Tanta eſt frequenter ejus pravitas, ut in gangrænam ſphacelumque, et fauces convertat, et buccas, et linguam, oſſa in cariem vel diſſolutionem, univerſum cruorem in mephitim*."

The Daniſh phyſicians noticed three varieties of the Scarlatina, at Copenhagen, in the year 1777. In the firſt, an efflorescence took place over the whole ſurface of the body: the diſeaſe affected children, and ſeldom continued more than four days: ſometimes, however, it terminated by a diſcharge from the ear, or by indolent ſwellings of the parotid glands, which ſuppurated, and proved fatal after five or ſix weeks. In the ſecond ſpecies, the throat was much inflamed and ſwelled, and the eruption appeared on the ſecond, third, or fourth day, in red patches of different forms,

* Rat. Medend. Contin. p. 44. Cas. 1. & page 134. See above, page 329. Compare Kerchvogel. Diar. Med. Pract. cap. 3. page 29.

chiefly

chiefly about the joints. In the third ſpecies, the throat was affected without any eruption on the ſkin. See Act. Med. Soc. Havnienſis, vol. II.

Prof. Lorry's elaborate hiſtory of this diſeaſe, which he calls an "univerſal Eryſipelas," is given in the Hiſt. de la Societé Royale de Medicine, tom. II. and very nearly coincides with the account quoted from Ballonius, above, page 292-3.

Dr. Withering, after ſtating the uſual appearances of the diſeaſe, thus deſcribes the "fatal form which it too frequently aſſumed. "In children the delirium commenced within a few hours after the firſt ſeizure. The fleſh was intenſely hot; the ſcarlet colour appeared on the firſt or ſecond day, and they died very early on the third. In others who eſcaped this rapid termination, when the ſcarlet colour turned to brown, and their recovery might have been expected, the pulſe ſtill remained feeble and quick, the ſkin became dry and harſh, the mouth parched, the lips chopped and black; the tongue hard, dry, and dark brown; the eyes heavy and ſunk: they expreſſed an averſion to all food, and extreme uneaſineſs upon the leaſt motion or diſturbance. Thus they laid for ſeveral days, nothing ſeeming to afford them any relief. At length a clear, amber-coloured matter diſcharged in great quantities from

from the noſtrils or the ears, or both, and continued ſo to diſcharge for many days. Sometimes this diſcharge had more the appearance of pus mixed with mucus. Under theſe circumſtances, when the patients did recover, it was very ſlowly: but they generally lingered for a month or ſix weeks from the firſt attack, and died at length of extreme debility."

"In adults, the rapidity of the fever, the delirium, &c. was ſuch that they died upon the fourth or fifth day, eſpecially if a purging ſupervened. Some ſurvived to the eighth, or to the eleventh day: in all theſe the throat was but little affected: the eyes had an uncommon red appearance, not that ſtreaky redneſs which is evidently occaſioned by the veſſels of the cornea being injected with red blood, but an equable ſhining redneſs, reſembling that which we remark in the eye of a ferret. But notwithſtanding this morbid appearance in the eye, the ſtrongeſt light was not offenſive. This redneſs might often be diſcovered by lifting up the upper eyelid, ſome hours before it ſhewed itſelf in the part of the eye that is uſually viſible; and it was of ſome conſequence to attend to this circumſtance, as it greatly influenced the event of the caſe."

"Theſe patients were extremely reſtleſs, clamourous, and deſirous to drink; but after ſwallowing one or two mouthfuls, upon taking another, they ſeemed to forget to ſwallow, and let it run out at the corners

of

of the mouth; whilſt others ſpurted it out with conſiderable force, and were very angry if urged to drink again. In theſe caſes the ſcarlet colour appeared very ſoon after the attack, but in an unſettled irregular manner, large blotches of red intermixing with others of white, and theſe often changing places.—Beſides the full ſcarlet colour deſcribed above, there were frequently ſmall circular ſpots of a livid colour about the breaſt, knees, and elbows. The pulſe from the very beginning was ſo quick, ſo feeble, and ſo irregular, that it was hardly poſſible to count it for half a minute at a time.——It is needleſs to add, that the greater part of thoſe who laboured under theſe dreadful ſymptoms died. A few recovered, and others fell into a ſtate of debility bordering upon ideotiſm, from which they were reſcued by time and generous living.——In one patient, a man, the jaw was ſo perfectly locked upon the third day, that it was impoſſible to get any thing down his throat; and he died early upon the fifth day." Page 18. 21.

I met with a caſe ſimilar to the laſt recorded by Dr. Withering. A man thirty-two years of age was affected with the Scarlet Fever, May 24, 1786. His throat was, on the 26th, ſo much ſwelled and ſo painful, that he was unable to drink: ſoon afterwards his jaw was completely locked: he became delirious, and died ſuddenly on the 28th in the night.

Dr.

Dr. Johnſtone, in 1778, obſerves *, "The ſcarlet eruption was a much more frequent ſymptom, and attendant of this diſeaſe, than it uſed to be when I firſt became acquainted with it, near thirty years ago: (See above, page 331). The patients fever and dangerous ſymptoms generally ran high in the proportion as the efflorescence was more or leſs diffuſed, and of a deeper eryſipelatous red colour. The patient for the moſt part vomited, and was purged, on the firſt day of ſeizure: the efflorescence appeared on the ſecond, and about the fourth day began to diſappear; though it ſometimes both appeared later, and continued longer. The palate, and glands of the throat were intenſely red, and ſwelled in the ſame degree with the face, and other parts of the body. White ulcers often appeared from the very beginning, on the tonſils, uvula, and palate, and a thin acrid ichor flowed from the eyes and noſtrils. But the ulcers, and this ichorous running, were more generally obſervable about the third or fourth day, or later; and when the diſeaſe took a favourable turn, health began to return after the ſixth or ſeventh day; if otherwiſe the patient died about that time."

* Remarks on the Angina, and Scarlet Fever, of 1778. Mem. of Med. Soc. vol. III. page 355.

In the populous town of Newcaſtle, during the ſame year, Dr. Clark obſerved, and has deſcribed a Scarlatina, with the uſual varieties, which it exhibits when it is epidemical. He ſays that "Some patients had an eryſipelatous inflammation of the throat without ulceration: others had ulcerations of the tonſils without any raſh; and ſome had the ſcarlet eruption and fever, without any affection of the throat*."

"When the diſeaſe was malignant, the ſloughs increaſed; the maxillary and parotid glands ſwelled; the eyes became dull and heavy; the face and neck often bloated and œdematous; and the patient either laboured under inquietude, delirium, or coma. In the milder caſes, after the ſkin began to peel off, the fever ſubſided, the ulcerations healed, and the patients were ſpeedily reſtored to health. Several, however, who had the diſeaſe in a mild manner, fell into anaſarcous ſwellings, and the true hydrops pulmonis, or dropſy of the cellular ſubſtance of the lungs. Some, after ſhewing ſigns of recovery, kept drooping, and though free from fever in the day-time, paſſed hot and reſtleſs nights. In ſuch caſes the countenance looked pale, the face puffy, and the maxillary or lymphatic glands of the neck continued ſwollen. Pale thin matter ran from the noſe and ears; and at laſt ſuppurations took

* Compare Dr. Huxham, page 111.

place

place in the euſtachian tube, which deſtroyed the tympanum; and ſome patients loſt the auditory bones. When the ſick applied late for aſſiſtance, the inflammation communicated to the trachea and lungs, occaſioning hoarſeneſs, inceſſant cough, wheezing and rattling reſpiration. I ſaw ſeveral miſerable objects, who had ſurvived to the fourteenth day, with ulcerations which had perforated the velum pendulum, and with excoriations of the mouth, lips, and parts near the anus. The length of the diſeaſe was uncertain: there was ſeldom any ſenſible criſis. Some ſoon recovered: others had no favourable ſign till the twelfth or ſixteenth day. Five only, that I attended, died on the eighth day, four on the ninth, and in all the other caſes which proved fatal, the patients protracted their miſerable exiſtence to the thirteenth, fifteenth, ſixteenth, ſeventeenth, and ſometimes to the nineteenth day of the diſeaſe, when it was not ſucceeded by dropſical ſwellings. Soon after death, the bodies of all thoſe whom I examined became of a livid or violet hue; and putrid gore ſometimes iſſued from the mouth and noſtrils." Page 210.

Dr. Clark has given a tabular view of the caſes under his care in 1778 and 1779, from which it appears, that children under ten years of age were moſt liable to the diſeaſe*; that under twenty years of age, the

* See Dr. Withering, page 25.

number of males and females was almoſt equal: but that above this period, the number of females greatly exceeded that of the males*; a circumſtance which may be eaſily accounted for, when it is conſidered that the former were more expoſed to contagion, from being employed in attending the ſick.

TABLE.

Ages.	Males.	Females.	Total.	Months.	
				1778.	
Under 1 Year	6	1	7	June - - -	14
From 1 to 10	44	47	91	July - - -	6
10 to 20	12	13	25	August - -	18
20 to 30	4	14	18	September	33
30 to 40	0	2	2	October -	34
40 to 50	0	3	3	November	12
				December	15
				1779.	
				January -	2
				February	1
				March - -	5
				April - - -	1
				June - - -	4
				August - -	1
	66	80	146		146

* Compare Dr. Sims, page 438.

He

He obſerves further, that of 131 patients, 75 had the Scarlet Fever with a mild ulcerated Sore-throat; that in 33, the diſeaſe occurred with every diſtinguiſhing ſymptom of the Angina maligna; and that, in 23 caſes, it was ſucceeded by dropſy. He adds with propriety, "When it is conſidered that great numbers had the diſtemper in ſuch a mild manner as to require no medical aſſiſtance, and that application was only made for the advice of a phyſician, when the patients were ſeverely attacked, perhaps the malignant caſes ought not to be eſtimated higher than as one to twenty, in all who took the diſeaſe."

The following table exhibits the number of caſes which occurred, under the different forms of the diſeaſe, in my own practice, during the year 1786.

TABLE.

Scarlatina simplex.	Scarlatina anginosa.	Scarlatina maligna.	Sore-throat without eruption on the skin.	
1786. April . . . 0	3 . . .			
May . . . 6	10 . . .	2		
June . . . 4	12 . . .	1	4 . .	June.
July . . . 2	11 . . .	1	3 . .	July.
August . 1	17 . . .	4	4 . .	August.
September 2	29 . . .	9	12 . .	September.
October . 3	24 . . .	5	7 . .	October.
November 0	38 . . .	12	10 . .	November.
December 0	8 . . .	5	2 . .	December.
Total 18	152	39	42	251

In

In Dr. Ruſh's Medical Inquiries and Obſervations, we are informed that " After great and ſudden changes of temperature during the ſummer of 1783, the Scarlatina anginoſa became generally epidemic at Philadelphia in the month of September. In moſt of the patients who were affected by it, it came on with a chilline ſs and ſickneſs at the ſtomach, or a vomiting, which laſt," he ſays, " was ſo invariably preſent, that it was with me a pathognomonic ſign of the diſeaſe. The matter diſcharged from the ſtomach was always bile."

" The ſwelling of the throat was in ſome inſtances ſo great, as to produce a difficuly of ſpeaking, ſwallowing, or breathing. In a few inſtances, the ſpeech was accompanied by a ſqueaking voice, reſembling that which attends the Cynanche trachealis. The ulcers on the tongue were deep, and covered with white, and in ſome inſtances with black ſloughs. In ſeveral caſes there was a diſcharge of a thick mucus from the noſe, from the beginning; but it oftener occurred in the decline of the diſeaſe, which moſt frequently happened on the fifth day."

" I ſaw two caſes of eruption without a ſingle ſymptom of ſore throat. The face in one of thoſe patients was ſwelled as in the Eryſipelas. In the other, a young girl of ſeven years old, there was only a ſlight redneſs of the ſkin. She was ſeized with a vomiting, and died delirious in fifty-four hours. Soon after her death a livid

livid colour appeared on the outſide of her throat. I can recollect but few caſes which were attended with diarrhœa. The fever which accompanied the diſorder was generally the Typhus mitior of Dr. Cullen. In a few caſes it aſſumed the ſymptoms of the Typhus gravior. The diſeaſe frequently went off with a ſwelling of the hands and feet. I ſaw one inſtance in a gentlewoman, in whom this ſwelling was abſent, who complained of very acute pains in her limbs reſembling thoſe of rheumatiſm."

" In two caſes which terminated fatally, there were large abſceſſes, the one on the outſide, and the other on the inſide of the throat. The firſt of theſe caſes was accompanied by troubleſome ſores on the ends of the fingers. One of theſe patients lived twenty-eight, and the other above thirty days; and both appeared to die from the diſcharge which followed the opening of the abſceſſes."

" Between the degrees of the diſeaſe which I have deſcribed, there were many intermediate degrees of indiſpoſition which belonged to this diſorder. I ſaw, in ſeveral caſes, a diſcharge from behind the ears, and from the noſe, with a ſlight eruption, and no ſore throat. All theſe patients were able to ſit up and walk about. I ſaw one inſtance of a diſcharge from the inſide of one of the ears in a child, who had ulcers in his throat, and the ſqueaking voice. In ſome a pain in the jaw, with

ſwellings

ſwellings behind the ear, and a ſlight fever, conſtituted the whole of the diſeaſe. In one caſe the diſeaſe came on with a coma, and in ſeveral patients it went off with this ſymptom. A few inſtances occurred of adults, who walked about, and even tranſacted buſineſs, until a few hours before they died."

" Such was the prevalence of the contagion which produced the Scarlatina anginoſa, that many hundred people complained of Sore-throats without any other ſymptom of indiſpoſition. The ſlighteſt occaſional or exciting cauſe, particularly cold, ſeldom failed of producing the diſorder. The month of October was much cooler than September, and the diſeaſe continued, but with leſs alarming ſymptoms. In ſeveral adults who were ſeized with it, the hardneſs of the pulſe indicated bloodletting. The blood in one caſe was covered with a buffy coat, but beneath it's ſurface it was diſſolved. In the month of November the diſeaſe aſſumed ſeveral inflammatory ſymptoms, and was attended with leſs danger than formerly. I viſited one patient whoſe ſymptoms were ſo inflammatory as to require two bleedings. During the decline of the diſeaſe, many people complained of troubleſome ſores at the ends of the fingers. I ſaw one caſe of Sore-throat which was ſucceeded not only by ſwellings in the abdomen and limbs, but by a Catarrh, which brought on a fatal Conſumption. In December, January,

nuary, and February, the weather was exceſſively cold, the thermometer being ſometimes below o on Fahrenheit's ſcale. For a few weeks in the beginning of December the diſeaſe diſappeared in the circle of my patients; but it broke out with great violence the latter end of that month, and in the January following. Some of the worſt caſes that I met with (three of which proved fatal) were in thoſe two months. The diſeaſe diſappeared in the ſpring, but it ſpread afterwards through the neighbouring ſtates of New Jerſey, Delaware, and Maryland."

" This diſeaſe has prevailed in Philadelphia at different ſeaſons ever ſince the year 1783. It has blended itſelf occaſionally with all our epidemics. There often appeared to be effuſions of water, not only in the limbs and abdomen, but in the thorax. A number of people were affected with ſudden ſwellings of the lips and eyelids, of the cheeks and throat: at the ſame time many were affected by an inflammation of the eyes. The ſwellings generally came on in the night, were not attended with much pain, and went off in two or three days. In the autumn of 1788, it appeared in two inſtances with an obſtinate diarrhœa; but it was in young ſubjects, and not in adults, as deſcribed by Dr. Withering. In both caſes, the diſeaſe proved fatal, the one on the third, the other on the fifth day. In December, I ſaw one caſe in which a running from

one of the ears and a deafneſs came on, on the fifth day, immediately after the diſcharge of mucus from the noſe had ceaſed. This caſe terminated favourably on the ninth day; but was ſucceeded for ſeveral days afterwards by a troubleſome cough."

Having already made many quotations from the other authors, mentioned page 334, I will proceed to make ſome obſervations on the method of treatment in the different forms of Scarlatina. For the Scarlatina ſimplex, it ſeems only requiſite to keep patients in a moderate and equable temperature, in clean open apartments; to preſcribe light diet without animal food; and to give cooling liquors for drink. When there is no morbid appearance, or ſenſation in the throat, our chief care ſhould be to prevent needleſs applications; ſince, according to Dr. Sydenham's obſervation, "none die of this diſorder except from a too great officiouſneſs in the practitioner*." The ſame author recommends one or two gentle purgatives after deſquamation. He alſo mentions epileptic convulſions and coma, as frequent appearances at the beginning of the diſeaſe, which he relieved by bliſters, and repeated doſes of diacodium.

* Nimiâ medici diligentiâ. sect. VI. cap. 2.

2. In

2. In the Scarlatina anginoſa, phyſicians on the continent have recommended bleeding * from the arm, or, when the head is much affected, from the jugular veins. Dr. Morton † adopted the ſame practice in moſt of the caſes he attended even in London. Bloodletting has been alſo recommended in the northern part of our iſland, where the diſeaſe is ſaid to aſſume ſomewhat of an inflammatory form. The Medical Eſſays ‡ ſtate, that in the epidemic Scarlatina of 1733 at Edinburgh, "few died who were timely and plentifully blooded, which weakened the fever, relieved the throat, and was the only medicine that removed the vomiting and diarrhœa."

* De Hæn, Navier, Plenciz, Aaskow, Eichel, De Meza, &c. &c. In epidemiâ Havniensi subindè dabatur locus venæsectioni, sc. in plethoricis, et ubi pulsus durus cum aliis inflammationis signis: atqui ubi putredinis criteria minus tuta erant. De Meza, Compend. Medic. Pract. vol. I. c. 18.

† De Febr. inflam. universal. cap. 5.

‡ Vol. III. p. 27. See Cullen's Pract. of Physic, § 671. Huxham says, "In the Febris anginosa, they bore bleeding at the beginning with advantage, and the blood was often sizy, though much less so in general than in quinsies of the truly inflammatory kind: they very seldom, however, admitted of large bleeding; scarce any, indeed, of a second."

Dr. Cotton's observations in 1748 nearly coincided with those of Huxham. Compare "Observations on the Sore-throat and Fever in the north of Scotland, 1777, by Robert Saunders, M. D. Physician at Bamff."

During the years 1785, 1786, 1787, and ſince, when the Scarlatina anginoſa was epidemical in the metropolis, I never ſaw a caſe in which blood-letting appeared to be indicated. Wherever it had been employed, great depreſſion and faintneſs were the immediate conſequences, the pulſe becoming more weak and frequent, and often irregular. Of two adults who had been bled largely, one died before the time of deſquamation, the other lingered in a very precarious ſtate upwards of twenty days, but at length recovered. The experience of Dr. Withering, Dr. Clark, and Dr. Sims on this point, agrees exactly with mine. Dr. W. obſerves, "Such was the ſtate of the pulſe with us, during the hot ſummer months, that I never ſaw a caſe in which blood was taken away: nor would it be eaſy to conceive with what view the boldeſt, or the moſt ignorant practitioner would have dared to attempt it; for in thoſe caſes where the inflammation upon the ſurface was very great, the loſs of blood could only contribute to the further depletion of the larger veſſels, and thereby increaſe the debility and faintneſs which already exiſted in a moſt alarming degree: for the ſmall veſſels accumulating the blood more in conſequence of their own action, than from the pulſe of the heart, would not be affected by the uſual mode of blood-letting; and the extent of the inflammation was much too great to allow us to have recourſe to topical bleedings. Sometimes where

where the fiery redneſs of the eyes, and the ſtate of delirium ſeemed to demand the application of leeches to the temples, I have ſeen them applied, but never with any good effect. In one inſtance, where the conſtant rejection of every thing that was ſwallowed, even ſimple water, and the pain in the ſtomach during the efforts ſeemed to indicate an inflammation in that organ, blood was taken away notwithſtanding the feebleneſs of the pulſe. This blood was ſizy. The bleeding was repeated; but no very evident advantage accrued to the patient. I think therefore we may conclude, that when the ſcarlet colour upon the ſkin is intenſe, we cannot expect to benefit either from topical or general bleedings.—In the autumn, when the ſcarlet colour of the ſkin was ſeldom intenſe, and often did not appear at all, the tumefaction of the fauces was generally much greater, and the pulſe conſiderably more firm. In this caſe, if the patient was threatened with ſuffocation, if violent head-ach, or if peripneumonic ſymptoms pointed out the expediency of blood-letting, it was ſometimes done; but ſtill with leſs advantage than one would have expected in almoſt any other ſituation." Page 73—5.

Purgatives have nearly the ſame debilitating effect as blood-letting. They are indeed very ſeldom neceſſary; for though a few patients may, on the firſt day,

day, be affected with bilious vomiting and diarrhœa, the ſtate of the bowels is more uniform * than in other febrile complaints. It has alſo been remarked that no hardneſs, or tenſion, of the abdomen occurs at an early period of the diſeaſe.

Emetics are recommended by the beſt writers on this ſubject †. I have not found it neceſſary to repeat them ſo often as Dr. Withering has adviſed; but I think that all he has ſaid reſpecting their uſe and application merits particular attention. "In the very firſt attack a vomit ſeldom fails to remove the diſeaſe at once:—If the poiſon has begun to exert it's effects upon the nervous ſyſtem, emetics ſtop it's further progreſs, and the patients quickly recover. If it has proceeded ſtill further, and occaſioned that amazing action in the capillaries, which exiſts when the ſcarlet colour of the ſkin takes place, vomiting never fails to procure a reſpite to the anxiety, the faintneſs, and delirium."

* See Dr. Withering, page 17. Dr. Sims says, "they were almost never either costive or purged." Memoirs of the Med. Soc. p. 403. He nevertheless ordered rhubarb and sal polychrest in equal proportions, so as to produce two motions every day.—I think the occasional stimulus of a small dose, as two or three grains, of calomel very useful. On the first attack of the disease I have usually added an equal portion of antimonial powder.

† Burserii Institut. tom. II. page 72, § LXXXIII. See the striking passage on this subject, quoted above from Tournefort, page 287.

"In

" In autumn, when the throat was more affected, when the tumefaction of the fauces was ſuch that the patients could not ſwallow but with the utmoſt difficulty—when the peripneumonic ſymptoms threatened ſuffocation, and bleeding was ineffectual, an emetic opened the gullet, and unloaded the lungs, ſo that deglutition became eaſy, and reſpiration free. But it is neceſſary to add, that a vomit only ſufficiently ſtrong to evacuate the contents of the ſtomach, is by no means adequate to theſe effects. The vomit muſt be powerful, and in ordinary caſes repeated once in forty-eight hours; in thoſe with more urgent ſymptoms daily; and in the worſt caſes twice in twenty-four hours. The patients never fail to expreſs the relief they find after the operation, and the phyſician ſoon diſcovers it in the countenance and in the pulſe. As to the form of the emetic, the practitioner may vary it as he pleaſes; but I generally combine tartar emetic in ſolution with ipecacuanha in powder, that I may be more certain of their full effect on the ſtomach, and avoid the danger of their acting as a purgative. I alſo give them in much larger doſes than uſual, in order to ſecure a certain violence of action upon the ſyſtem." Page 75-8.

Dr. Ruſh ſays, " In every caſe that I was called to, I began the cure by giving a vomit, joined with calomel.

lomel*. The vomit was either emetic tartar or ipecacuanha, according to the prejudices, habits, or conſtitutions of the patients. A quantity of bile was generally diſcharged by this medicine. Beſides evacuating the contents of the ſtomach, it cleanſed the throat in it's paſſage downwards. To inſure this effect from the calomel, I always directed it to be given mixed with ſyrup, or ſugar and water, ſo as to diffuſe it, generally, over every part of the throat. The calomel ſeldom failed to produce two or three ſtools. In ſeveral caſes I was obliged, by the continuance of nauſea, to repeat the emetics, and always with obvious and manifeſt advantage. I gave the calomel in moderate doſes in every ſtage of the diſorder. To reſtrain it's purgative effects, when neceſſary, I added to it a ſmall quantity of opium."

Dr. Binns, having an opportunity of ſeeing the children at Ackworth from the commencement of the diſeaſe, gave an emetic in almoſt every caſe, and ſometimes repeated it after twelve or twenty-four hours. When the patients were extremely languid, he gave wine, or liquor volatilis cornu cervi before the emetic

* He obſerves in another place, that "When the Scarlatina appeared to be in a forming ſtate, a vomit of this kind never failed of completely checking the diſorder, or of ſo far mitigating it's violence, as to diſpoſe it to a favourable iſſue in a few days."

or

or during it's operation. He adds, "My acknowledgments are due to Thomas Oxley, of Pontefract, not only for his frequent attendance, but for his removal of a prejudice againſt laxatives in the early ſtage of the diſeaſe, imbibed from various authors, and confirmed by the dreadful conſequences I had ſeen when a diarrhœa came on in this Fever. By his perſuaſion ſmall doſes of Calomel, and other laxatives were occaſionally adminiſtered*; and ſo far from producing injury, I believe that by evacuating the acrid matter, which is often ſwallowed, they had a tendency to prevent excoriations of the inteſtinal canal, and the conſequent diarrhœa which I dreaded. But it ſhould be remarked that particular care was taken to ſupport the patient during the operation."

In caſes of Scarlatina anginoſa where the throat is inflamed, and ſwelled, ſo as to occaſion very painful deglutition, Bliſters applied between the ſhoulders, or

* This practice was more boldly enforced by a phyſician at Ipswich, when the "Ulcerated Sore-throat and Scarlet Fever" prevailed there in 1772. He made a powder, with Pulv. Ant. p. 3. Calom. p. 1. of which the dose was from 10 to 30 grains. To children he gave calomel alone, in the same quantity. A julep was at the same time prescribed, with Manna Unc. j Cr. Tart. dr. j in half a pint of water;—the dose three table spoonfuls six times a day. Of three hundred persons, thus treated, none died. See Gent. Mag. for June, 1772.

to the external fauces, afford conſiderable relief. Dr. Clark obſerves, "In regard to bliſters, meeting with an inſtance where their application was ſucceeded by mortification, I did not often apply them to the throat; but in ſeveral caſes where the inflammation of the fauces was great, they were of advantage when applied to the nape of the neck*." Dr. Withering, from his experience in the diſeaſe at Birmingham, decided againſt the uſe of bliſters. He ſays, "If the brain was affected ſoon after the attack, they did much miſchief; but if the inflammation was pretty much confined to the fauces, a bliſter was frequently applied round the throat, but with leſs advantage than the practice in Quinſies, ulcerated Sore-throats, and other local inflammations would teach one to expect†." Page 91.

It is proper to enjoin the regimen directed for the ſimple Scarlet Fever, page 350. As we obſerve the Scarlatina anginoſa to be generally mild in ſpring and

* Dr. Rush says the same. He applied blisters to the neck or behind the ears on the third day. See also Dr. Sims, p. 325.

† "As blisters excited considerable irritation, they were only applied when there was a comatose disposition, much pain in the ears, or an enlargement of the parotids." Dr. Binns.

"If the disease prevail in any of the summer months, blisters can hardly be used with safety." Kearsley.

ſummer,

ſummer, but ſevere during the winter months, we may infer that a heat of about 60°, preſerved in the apartments of the ſick, will be moſt agreeable and beneficial to them *.—During the firſt ſix days of this diſeaſe, many practitioners endeavour to excite perſpiration by antimonials, camphor, aromatics, dulcified ſpirits, and volatile alkali ſaturated with vinegar, or juice of lemons †. If the efflorescence be full and vivid, ſuch remedies, for the moſt part, fail to produce their uſual effect, and often increaſe the heat, anxiety, and reſtleſſneſs, they were intended to relieve. The affuſion of cold water, recommended in Fevers ‡,

* "Cold air is always found to be prejudicial, either by protracting the disease, or by throwing it on the lungs, or on some other part necessary for life. It has been frequently observed, that if persons seemingly recovered, and freed from all the manifest symptoms of the disease, went into the cool air, before the putrid heat or ferment was quite exhausted, they had relapses." C. Colden, Med. Obs. & Inq. I. page 218. and Dr. Withering, pag. 294-5.

† Dr. Huxham, page 114. Dr. Fothergill, page 54. Dr. Grant, 24, &c. Plenciz, De Scarlatinâ. Act. Hafn. tom. II. &c. Med. Obs. and Inq. vol. I. page 219. Dr. Blackburne, page 27.—I never succeeded in the endeavour to excite perspiration, before the decline of the efflorescence. When sudorific medicines and oppressive coverings are applied, they produce an universal miliary eruption, and aggravate the febrile symptoms.

‡ Dr. Currie's Medical Reports.

has not yet been employed here as a remedy for the Scarlatina; but ſome phyſicians of London have ventured to ſponge the whole ſurface of the body repeatedly with vinegar and water. During a hot ſeaſon, or whenever the heat of the ſkin is much increaſed (ſee page 264), the patient is greatly refreſhed by this application, the pulſe becomes more ſteady, the heat and fever abate, and a calm ſleep frequently ſucceeds*.

I have of late given, at an early period of the diſorder, Oxygenized Muriatic Acid, which, when it is accurately prepared, appears to be very ſalutary. The doſe for adults is half a drachm by meaſure, for children ten or twelve drops. Before this medicine is uſed, it's

* "The Scarlet Fever prevailed among the children at the Foundling Hospital, from the end of June to the middle of October, 1804. Fifty-two boys, and nineteen girls, were affected with it. Three boys died of the fever; a fourth died dropsical some time after being dismissed from the infirmary. Most of the patients were repeatedly washed with cold water and vinegar, mixed in about equal proportions. Only the hands and arms were washed in those who had no considerable heat of the skin: but when the heat became excessive, the washing was extended to the trunk of the body, and to the lower extremities. It's effects in cooling the skin, diminishing the frequency of the pulse, abating thirst, and disposing to sleep, were very remarkable.—Finding this application so highly beneficial, I employed it at every period of the fever, provided the skin were hot, and dry." Dr. Stanger.

ſtate

ſtate ſhould be aſcertained by a chemical teſt*, ſince it is ſoon decompoſed by expoſure to the air, or to light: it then becomes rough and offenſive to the ſtomach, ſo as often to produce violent ſickneſs, pains of the bowels, and diarrhœa†.

* "The oxymuriatic acid should contain as much of the gas as water can absorb uuder the common pressure of the atmosphere, and at a temperature of from 50° to 60°. To a tabulated retort, adapt a quilled receiver, connected with the three bottles of Woolf's apparatus, each bottle being half filled with water. The retort is to be charged with three parts of muriatic acid, and one part of the black oxide of manganese in powder: all the junctures must be closely luted: a very gentle heat from a lamp will be sufficient to expel the oxymuriatic acid gas: much heat should be carefully avoided. All the common muriatic acid gas will be arrested by the water in the first bottle. The oxymuriatic gas is retained in the second and third bottles. By a similar process this gas may be obtained from the oxygenized muriate of potash, and muriatic acid: but it cannot be correctly prepared otherwise than by distillation. When litmus paper is plunged into the true oxymuriatic acid, it is deprived of colour: but if common muriatic be present, the paper will instantly receive a red tinge, and thus ascertains that the preparation is unfit for medical use." W. Allen.

† "At the Foundling Hospital, one drachm of the oxygenized muriatic acid mixed with half a pint of water was given, every twenty-four hours, to children under six years of age. Children more advanced took nearly double the quantity in the same time. This remedy appeared to be cooling, and antiseptic. It was taken without repugnance; and in the doses abovementioned, did not produce any uneasiness in the stomach, or bowels." Dr. Stanger. See Med. & Phys. Journal, No. 62.

Dr.

Dr. Sims found particular advantage from Vitriolic Acid given in conſiderable doſes: he ſays, "My common preſcription was two ounces of tincture of roſes, a drachm of ſyrup of lemons, and twenty drops of ſpirit of vitriol, or as much as could be added to the tincture, without making it too highly acid for the patient it was preſcribed for. This draught was ordered to be taken by an adult every hour and half, or every hour, and even oftener, according to the exigency of the caſe. And even children from two to three years old have ſwallowed much above two hundred drops of the acid in twenty-four hours." Page 419.

Dr. Withering thinks that Diuretic medicines next to emetics are moſt to be depended upon in the cure of the diſeaſe. He found the vegetable fixed Alcali to anſwer beſt: a ſmall quantity was put in every liquid the patient drank, ſo that the whole might amount to one or two drams of the ſalt, every twenty-four hours. Page 83-4.

Acidulated Gargles appear to remove, and ſometimes to prevent the affection of the throat in perſons expoſed to contagion: ſee page 269: when the diſeaſe has commenced, they carry off the virus with which the ſaliva is tainted*. In Dr. Binns's opinion, "Gargles

* See Dr. Fothergill, page 63.

are

are of ſo much importance, that they can ſcarcely be uſed too often": "To them," he ſays, "it was chiefly owing that few of the children at Ackworth ſchool had a diarrhœa, or any affection of the inteſtinal canal. When patients could not gargle in the uſual way, the liquor was injected by a ſyringe; this, though frequently repeated, never appeared to produce the leaſt inconvenience. I began with the acidulated infuſion of Red Roſe leaves; but the roſes being ſoon conſumed, I had recourſe to the Decoct. Hæmatoxyli, and laſtly to the following; R. Decoct: cort: Querc: cong. xii. Alum: commun: lbjſs. Solve, fiat gargariſmus. It was hoped this gargle would have been ſerviceable in reducing the ſwelling of the tonſils, which remains after the diſeaſe; but the trial terminated in diſappointment. An infuſion of Cayenne pepper was alſo tried with the ſame intention, but had not any material effect."

Reſpecting the uſe of Peruvian Bark and Wine, the ſame gentleman expreſſes himſelf as follows: "As ſoon as the ſtomach was ſettled after an emetic, ſee page 356, I generally began with the following mixture, R: Pulv: Cinchonæ unc. j. Pulv: Aromat: dr. ij Vini rubri lbij. When this had been uſed about ſix weeks, I ſubſtituted for the Aromatic powder ſome Canella alba, with one drachm of powdered ginger, which ſeemed to anſwer equally well. A child of ten years old would take about

about three table-ſpoonfuls of this mixture four, five, or ſix times in twenty-four hours. Thoſe who were very ill, took in addition, from a pint to a pint and a half, or even more, of red port wine, or of a compoſition*, which was not unpalatable, which agreed well with the children, and was a conſiderable ſaving to the Inſtitution. Another remedy was an infuſion of Red Roſe-buds in decoction of Peruvian Bark, ſweetened with extract of liquorice, and acidulated with Vitriolic acid: to this was occaſionally added ſimple, or compound, tincture of Bark. In extreme caſes, the extract and compound tincture of Bark, with a little Ammonia, and ſometimes Aromatic confection, were made into a mixture with peppermint water, a doſe being given every half hour.—Such as were but ſlightly affected generally drank treacle-beer made with ginger in it, ſmall ale, and ſometimes cyder, ſage-tea acidulated with vitriolic acid, and almoſt every other drink that was agreeable to them. New milk, and every nutritious food, both animal and vegetable, were allowed as the patients could take them. It is impoſſible to ſpecify, with certainty, the quantity of wine taken by individual patients, but from the general conſumption, when a number of bad caſes occurred together, it ap-

* This was, red port 2 pints, raisin wine 6 pints, decoction of logwood 1 pint, alum 1 ounce, British brandy 8 table spoonfuls.

peared

peared that children about twelve years of age muſt have taken each a bottle of red port, and a bottle of raiſin wine, in twenty-four hours, for ſeveral ſucceſſive days. In a diſeaſe, the attack of which is apparently inflammatory, this practice may ſeem to add fuel to fire; but I have employed it for many years, with as much ſucceſs as any of my brethren, and I fully experienced it's advantages in the late diſeaſe at Ackworth. I was induced to puſh this plan further than many other practitioners, by obſerving the effect of cordials on the circulation: while the pulſe remained low and fluttering, wine, frequently given, reſtored it's firmneſs, without increaſing delirium. By the ſame means, the fœtor of the breath was corrected, and the ulcerations in the throat greatly relieved. Although the ſtate of the pulſe, and other ſymptoms, were in many caſes ſuch that a ſmall proportion of Bark and Wine were ſufficient, yet in other inſtances the debility was ſo great as to require even the addition of Brandy to the red port. Sometimes ſtrong brandy and water, ſometimes brandy unmixed, was given with comfort and advantage to the patient. No one ſhould, however, be induced to take Spirit as a preventive in Scarlatina, or other epidemic Fevers. Thoſe who wiſh to have the advantage of Spirit when attacked with ſuch diſeaſes, ought never to indulge, during a ſtate of health,

in what can only be uſed, with propriety, as a medicine."

Whatever opinion may be formed reſpecting the above mode of practice during the firſt days of the fever, it is generally admitted that, at the decline of the efflorescence, if the fever alſo declines and is not ſucceeded by a cough, Peruvian bark, mineral acids, wine, and nutritious diet, obviate the debility and oppreſſive languor, which remain after the diſeaſe*, and contribute to prevent the acceſſion of dropſy†.

* Dr. Sims, however, says, "I found it necessary to change my plan as soon as the height of the disease was passed. This was a point of the treatment as needful to be known, and exactly to be attended to, as any other in the malady; for as soon as the pulse on the sixth day began to fall to the natural standard, if the cordial medicines and regimen were persisted in, or increased, with a view to keep up the sinking pulse, many vexatious or even dangerous consequences ensued: a new fever, often more violent than the first, was raised; a great swelling and inflammation of the tonsils or parotids, with acute pain, came on, and the scarlet eruption re-appeared as copiously as before." Page 422.

Are not the above symptoms referable to the secondary fever, which often takes place independently of the medicinal treatment? See page 277-8.

† Dr. Binns observes, that the disease, when thus treated almost from it's commencement, was "very rarely succeeded by dropsy."

"An infusion of the Bark acidulated with Elixir of Vitriol, may be ranked as the greatest, best, and most sovereign remedy, provided that gentle Emetics, and the cordial Diaphoretics had gone before." Kearsley. Gent Mag. vol. XXXIX. 522.

De

De Haen, and others*, as well as Plenciz (page 335), conſider the dropſical ſtage to be the moſt fatal period of the Scarlatina anginoſa. Their opinion is not confirmed by the experience of practitioners in this country, who have generally found the dropſical ſymptoms yield to Diuretics combined with Peruvian bark, preparations of Iron, or Calomel†.—I do not mean to infer that my countrymen are ſucceſsful in this ſtage of the diſeaſe by any peculiar practice. If they have had more ſucceſs, in the treatment of Scarlatina, than phyſicians on the continent, I would aſcribe it to the general diſuſe of bleeding and purgatives during the laſt thirty or forty years, within which period, gan-

* Ex hoc consectario plures moriuntur quam ex morbo primario. De Meza, tom. I. 59.

† Dr. Clark, Dr. Sims, and Dr. Withering, page 199.

Plenciz highly recommends the following prescription of Dr. Weber.

R. Rhàbarb elect.
Spir. Salis coagulati aa dr. ij
Mercurii dulcis
Auri fulminantis
Extracti Scillæ aa dr. ſſ.

M. fiant pilulæ cum Robo Juniperi, pondere unius alteriusve grani.

The dropsical swellings in every case attended by Dr. Rush, were removed "by purges of Calomel and Jalap."

Small doses of Calomel are allowed, on all hands, to be useful when glandular tumours succeed the Scarlatina anginosa.

grene and dropſy have been, with us, much leſs frequent occurrences than formerly.

3. In the ulcerated ſcarlet Sore-throat, which affects adults without an efflorescence on the ſkin (page 273), Emetics, given early, prove of great advantage, and the general treatment recommended in the Scarlatina anginoſa will be found effectual. Gargles, whether acid, or detergent, if very sharp, or if injected forcibly enough to remove the ſloughs, occaſion much pain, and often protract the diſeaſe. Dr. Wall, Dr. Johnſtone, Dr. Ruſh, and others*, recommend the inhalation of the vapour of myrrh and vinegar. Dr. J. C. Smyth's mode of fumigation, by pouring heated oil of vitriol on powdered nitre in a proper veſſel, is, according to my own obſervation, entitled to a preference. The refreſhing antiſeptic vapour detached by this proceſs, and circulated through the room, preſently clears the patient's throat, and at the ſame time removes the fœtor both of the breath and perſpiration.

* "I have generally ordered the hot steams of vinegar, in which wormwood, centaury, snakeroot, galangal, myrrh, and honey were boiled, to be drawn through a funnel into the lungs. As this vapour acted upon the uvula, tonsils, and fauces, by its antiputrescent and detergent quality, it often saved me the necessity of using any sort of gargarism." Kearsley. Compare Dr. Wall, Gent. Mag. XXI. p. 498.

4. In

4. In the SCARLATINA MALIGNA blisters are seldom useful, and sometimes prove injurious. Withering says, they "were universally detrimental: they never failed to hasten the delirium, and if the case was one of the worst kind, they too often confirmed it's fatal tendency." Page 89.—Bleeding and purging are always hurtful: a strong cathartic, or even the application of a few leeches to the throat, has been known to produce an immediate sinking, and sometimes death within a few hours, in cases which seemed previously favourable. Dr. Fothergill was among the first to discourage this destructive practice*. An instance of it's effects, quoted above (page 299,) from a Spanish physician, must strike a practitioner of the present day with horror. From Spain the disease spread into Italy, where under the same mode of treatment, it proved universally fatal on the second, third, or fourth day of fever: page 265. It is extraordinary that after so dreadful a mortality, no physician should have thought of instituting a different mode of practice. None of them, how-

* Pag. 53-4. Dr. Huxham persevered in bloodletting till the year 1750, though he says, "It will be constantly found that the pulse, as well as the strength, sink vastly after the second or third bleeding, and truly very surprizingly after the first." Dr. Grant was also an advocate for bleeding in Angina maligna, 1770. On Fev. vol. II. p. 104. 124. and on Sore-throat, page 26. For the effects of this practice, see M. Chomel's cases, Paris 1749, or Grant on Fevers, vol. II. page 213.

ever

ever, would recede from the plan or maxims they had adopted; ſo that the honour of arreſting the progreſs of this diſeaſe, and of effecting it's cure, was claimed by a bold empiric*, who attracted general attention by advertiſing a ſpecific remedy, which was merely a cretaceous earth, or bole, ſaid to be the Samian earth recommended by Galen for ulcers of the mouth. We cannot now impute Charamonte's ſucceſs, which was certainly very great, to an inert powder, but muſt refer it to collateral circumſtances. A principal one ſeems to have been, that when the Neapolitans and Sicilians were induced to confide in a ſpecific, they no longer ſubmitted to the uſual purging and bleedings, which, in oppoſition to the whole faculty of Naples, Charamonte decidedly reprobated as the cauſes of the preceding mortality. The event was by no means in favour of medical ſcience at that period; for, ſoon after the trammels of regular practice were ſhaken off, we find that the diſeaſe became leſs frequent, and leſs fatal, though it's name impreſſed terror through many ſucceeding generations.

Dr. Fothergill and Dr. Cotton do not ſtrongly enjoin the exhibition of Emetics in the Scarlatina maligna. Dr.

* See Osservatione del contagioso mal di Canna; Di Girolamo Charamonte, della citta di Leontini. In Napoli, 1637.

Huxham,

Huxham, though very cautious with regard to them, has juſtly obſerved, that "Emetics do not aggravate the pain of the throat in adults, but in general greatly relieve it;" and that, "it was frequently neceſſary to vomit children with a little oxymel of Squills, eſſence of Antimony, or the like, otherwiſe the vaſt maſs of tenacious mucus would have quite ſuffocated them."—A bold and perſevering courſe of Emetics, recommended page 354-5, may be conſidered the moſt effectual mode of obviating the ſingular malignity of this diſtemper *. When adminiſtered in due time, they very generally prevent the tranſition from the milder to the more virulent forms of the Scarlatina, mentioned page 277, and remove the febrile ſymptoms at the earlieſt poſſible period. In dubious caſes, if powerful doſes of Ipecacuanha, either alone, or combined with tartariſed Antimony, entirely fail to produce their uſual effects, it

* Sed nullibi magis emesis necessaria, quam ubi a miasmate epidemico origo morbi pendere videtur; subtracto enim per vomitum fomite primas vias ingresso, multò mitior morbus evadit. Id in primis perspectum sæpe est in epidemicâ Scarlatinâ cui angina aphthosa, aut gangrænosa adjungitur. Burserius, Inst. Med. Pract. vol. II. § 82.

Kearsley (see page 330.) makes nearly the same observations, and adds, "The vomiting being sometimes repeated, and seconded by subacid camphorated diaphoretics, generally maintained the advantage, and effectually checked the discharge from the bowels, which had before well nigh destroyed the powers of life." Compare Tournefort's Remarks page 287-8.

may be concluded that the moſt unfavourable ſtate of the diſeaſe has begun, and that the patient's ſituation is extremely dangerous *.

The nitrous fumigation (page 368), ſeems particularly uſeful in keeping the throat clean, and often ſuperſedes the neceſſity of Gargles. Gargles however, contribute to remove the viſcid offenſive matter which encumbers the fauces, and which if ſwallowed, produces diſagreeable effects on the ſtomach and bowels. Thoſe prepared with Contrayerva, according to the directions given by Dr. Fothergill†, are the moſt grateful, and advantageous. It is probable that gargles of a much more ſtimulating quality would afford relief at an early period of this diſorder. Tournefort obſerves, that in the epidemic Sore-throat of infants at Milo (ſee above, page 287), after repeated emetics, a ſolution of ſtyrax in brandy, employed as a gargle, had an excellent effect‡. Navier alſo ſtates, that the progreſs of internal gangrene may be arreſted by a gargle compoſed of oxymel, and camphorated ſpirit made with alcaline

* See Reports on the Diseases in London, page 25.

† On the Sore-throat, page 64. Compare Withering, page 91.

‡ " La solution de styrax liquide dans l'eau de vie est excellente en gargarisme, a cette rencontre."

" The only gargle that I have seen any service from is brandy, with a little water, or frequently without any mixture whatever." Sims, page 424.

ſalt,

ſalt, according to Hoffmann's method. In the Weſt India iſlands, where the Angina maligna appears in the ſame form as in the Levant (page 287), the favourite gargle is made with Capſicum, or Cayenne pepper, which, though productive of much pain, is ſaid to be very efficacious*.

Occaſional immerſions in warm water † are recommended in this form of Scarlatina by ſome practitioners. I never tried the effects of warm bathing, but have obſerved conſiderable advantage from the application of warm vinegar and brandy to the limbs, and to the greater part of the body‡. Dr. Currie remarks, that the affuſion of cold water is ſcarcely applicable to the Scarlatina purpurata, and that the tepid affuſion makes little impreſſion upon it.—His ex-

* These strong applications do not impede the healing of the ulcers in Scarlatina maligna: for when there is loss of substance, it is not replaced by granulations as in cases of simple ulcers or sloughs; but the cavities are hastily skinned over, without being filled up, and therefore often remain apparent, through life, on the uvula, tonsils, &c. See Dr. Adams on Morbid Poisons, chap. VI.

† Dr. Withering, page 93.

‡ "As an auxiliary to stop the progress of putridity, bathing the body with very strong warm vinegar, particularly the legs and thighs, throat and breast, was of no inconsiderable use." Kearsley.

perience, however, ſupported by that of Profeſſor Gregory, fully evinces the ſalutary effects of the cold affuſion in the Scarlatina anginoſa*.

When Emetics have not been exhibited at the proper period, it becomes neceſſary, as the diſeaſe advances, to direct cordials, wine, opium, Peruvian bark, mineral acids, &c. according to the circumſtances of the caſe. The Bark has been particularly recommended by De Haen, Sauvages, Navier, Plenciz, and other phyſicians on the continent. Their opinion is confirmed by the

* I should have noticed this under another head, if the sheets on that subject had not been printed off before I received Dr. C.'s second volume of Medical Reports. It seems unnecessary for me to make quotations from a work which will be generally read. The author justly reprobates the conduct of those who adopted his practice without attending to his principles, and prescribed the cold affusion in Fevers, when the constitution was sinking under the long continued influence of contagion, or other causes. This inconsiderate mode of practice having been, in many cases, attended with fatal consequences, an alarm was early excited, which yet prevents the inhabitants of London, and, I believe, of many other places, from experiencing the benefit of a most powerful remedy. After stating it's efficacy in the Scarlet Fever, Dr. Currie thus concludes; —" I must again enforce the superior advantage of using the cold affusion early in this disease, and the propriety of ascertaining that the skin is dry, and the heat of the patient greater than natural, in all cases, especially in such as are advanced, and where, of course, the strength is considerably impaired." Page 458.

teſtimonies

teſtimonies of many Britiſh authors, as Morton, Wall, Cameron, Johnſtone, Huxham, Cullen, Clarke, Percival, &c. Dr. Wall ſays, "When I firſt gave the bark I was not ſo much directed to it's uſe by the ulcerations in the throat, as by the petechiæ which appeared in the patient; but I was not a little ſurpriſed and pleaſed to find, that this method ſucceeded ſo immediately both with regard to one and the other. I now began to recollect what I had formerly * obſerved in the Small-pox, "that nothing ſo immediately cures a Sore-throat of the malignant ſort as the Bark does; and I was ſoon convinced by a multitude of inſtances, that for the ſame reaſons it is truly a ſpecific in the caſe before us." Medical Muſeum, Vol. I. No. 14.—The terms here made uſe of are certainly too ſtrong: for although the bark may be in many caſes very uſeful, it often diſappoints our expectations: and where the diſeaſe has been improperly managed in the beginning, or where the ſymptoms are violent, it ſeems wholly inefficacious. Dr. Withering is the only author, however, who from experience declares the Bark to be univerſally prejudicial in the Scarlatina. "In ſome inſtances," he ſays, "the inflammation attendant upon the diſeaſe is in itſelf ſufficient to produce the ſloughs, but they are generally the conſequence of neglect or

* Phil. Trans. March 1746-7.

improper management; for if the patient, from the beginning, is treated upon the plan I adviſe, the ſloughs either never appear, or if they have appeared, never increaſe; and in twenty-four hours vaniſh altogether. But when that inflammation is ſtill augmented by large and frequent doſes of Bark, it is aſtoniſhing to ſee how much the tumefaction increaſes, and how rapidly the whole lining of the fauces is converted into a ſtinking ſlough. It is true, nevertheleſs, that many patients recover who take Bark. The fact ſeems to be, that in mild caſes an improper mode of treatment is not highly detrimental: it is only in the more dangerous ſtate of the diſeaſe that we can do much harm. And I am ready to confeſs, that in two or three of the firſt bad caſes I ſaw, miſled by ſo many marks of putreſcency, I gave the bark; but the conſequences were not ſuch as could juſtify a continuance of it."

Mr. J. Kearſley, though an advocate for the uſe of the Peruvian bark in the Scarlatina maligna (ſee above, page 366, note) ſeems to be ſtrongly impreſſed with the advantages of another remedy. He ſays, "There yet remains one thing, which is of great conſequence in abating putrefaction, and which may be taken diluted with water. It is an infuſion of gum Myrrh, one ounce in a pint of the ſtrongeſt vinegar.

A pap

A pap or tea-ſpoonful of this tincture may be mixed with barley water, and given to the ſick in any ſtage of the diſorder." Gent. Mag. Vol. XXXIX. page 523.

The internal uſe of Capſicum at the beginning of the Angina maligna, is ſaid to have been attended with very great ſucceſs in the Weſt Indies. An infuſion is made in the following manner: "Take two table-ſpoonfuls of ſmall red pepper, or three of the common Cayenne pepper, and two tea-ſpoonfuls of fine ſalt; beat them into a paſte, and then add to them half a pint of boiling water. Strain off the liquor when cold, and add to it half a pint of very ſharp vinegar. Let a table-ſpoonful of this liquor be taken every half hour, as a doſe for an adult; the quantity being diminiſhed in proportion for children." A particular account of the epidemic Sore-throat thus relieved, and of the effects of the remedy, is given in the Medical Communications, Vol. II. and in Dr. Duncan's Medical Commentaries for the year 1787.

A phyſician near Gainſborough conſiders Volatile Alkali "to be endowed with a ſpecific power over the Malignant Scarlet Fever and Sore-throat." He diſſolves two drachms of the carbonate of Ammonia in five ounces of water, and directs the patient to take half a table-ſpoonful, or two tea-ſpoonfuls, every two, three,

or

or four hours, according to the urgency of the ſymptoms. If the difficulty of ſwallowing abate, and the patient wiſh for it, a little cold water may be added to each doſe:—Cold water, or toaſt and water, to be drunk at pleaſure. The above remedy was given in every form, and in every ſtage, of the Scarlatina.—" Some," he ſays, " were glowing with univerſal efflorescence: in ſome the extremities were ſwelled; in others fœtid ulcers appeared, particularly about the parts of generation: in moſt the throat was ſwelled and inflamed, often ulcerated, and reſpiration almoſt prevented: but in the moſt alarming caſes, a ſcorching fever, and raging delirium, rendered the patient's ſituation horribly alarming;—yet in all theſe variations of the diſeaſe, the volatile Alkali was my ſpecific, which I adminiſtered to between two and three hundred patients ſucceſſively and ſucceſsfully." The immediate effects of the remedy are ſtated to be a diminution of heat, fever, and delirium, and a diſpoſition to ſleep*.

There is not any certain preſervative from the contagion of the Scarlatina for perſons within it's influence. After expoſure to the effluvia or breath of the ſick, in attending to the ſymptoms, and examining the

* Dr. E. Peart's " Practical Information on the Malignant Scarlet Fever and Sore-throat," 1802.

throat,

throat, it is uſual for medical men to have a ſenſation on the tongue as if green vitriol were diſſolving in the mouth. This taſte remains for ſome hours, nor can it be obliterated by gargling with water, acid, or ſpirit. It excites nauſea in ſome perſons, and very generally occaſions repeated diſcharges of ſaliva, which may perhaps prevent the poiſon from entering the fauces or ſtomach, and from affecting the conſtitution. In conformity to this notion, Dr. Withering recommends ſternutatories, and gargles of cauſtic Alcali largely diluted with water. The uſe of camphor, bark, wine, vinegar, and fumigation, is inſufficient to prevent the diffuſion of contagion, eſpecially in ſchools, or other places where many young perſons are crouded together. At Ackworth, in the ſeminary founded and ſupported by the Society of Friends, the Scarlatina in 1803 * affected 171 perſons, and continued there upwards of four months, although the greateſt exertions were made to arreſt it's progreſs by keeping the infected ſeparate from the reſt, and alſo by ſtrict attention to ventilation, and to cleanlineſs throughout the houſe. Dr. Binns's account of the introduction of this virulent complaint among the ſcholars, and of the difficulty of eradicating it, cannot fail to be acceptable both to medical readers, and to thoſe who are intereſted in the proſperity of academies.

* See above, p. 170, where the year is incorrectly printed 1802.

" This

"This diſeaſe attacked the family when it did not exiſt in the neighbourhood of Ackworth, and yet, ſix months before, it came to our very doors without affecting any one in the houſe. It began in a boy from Sheffield, who had been with us a conſiderable time. Though not able to aſcertain the point, I was led to ſuſpect that he might have received from his friends ſome preſent imbued with contagion, having reaſon to believe the diſorder was once introduced into a ſchool, ſixty miles from Liverpool, by a hamper of oranges ſent from that town, when the diſeaſe was very prevalent there. It might probably come in another way from a diſtance, namely, by goods purchaſed, as flocks uſed for the children's bolſters, or curled hair for their mattreſſes; but I have no ſufficient ground for any of theſe ſuppoſitions: being, therefore, baffled in my attempts to trace it to any other place, I have been almoſt ready to conclude that it may have originated here, as it muſt have an origin ſomewhere;—but if ſo, I am entirely at a loſs to ſay how it could be produced. Circumſtances indeed ſeemed, at firſt ſight, to warrant the concluſion, as two boys applied to me on account of this complaint, on the ſame day: I found, however, on enquiry, that the Sheffield boy was taken ill two days before the other, that he ſlept in the next bed, and that he had vomited very offenſive

offenſive matter between the beds: in this way, perhaps, infection was communicated to the ſecond boy, for, on former occaſions, I remember ſeveral caſes in which the diſeaſe began two days after expoſure to contagion. The above patients applied on the ſecond of the fourth month, but no other till the twelfth of the ſame month, when two boys and one girl were attacked: theſe, I ſuppoſe, were infected by communication with perſons who viſited the ſick, for ſome of the family could not be prevented from paying unneceſſary, and, I think, very blameable viſits.

" Our number of boys when the diſeaſe broke out was 179, of whom 104 were attacked in the courſe of four months; after that time only one was affected. Of the 105, five died. Many children having been ſent home ſoon after the appearance of the diſeaſe, there remained in the ſchool, at the end of the ſeventh month, only 126 boys. The number of girls, at the beginning of the fourth month, was 119. Between the twelfth of this, and the end of the fifth month, 48 girls were attacked, and but one afterward; ſo that the diſeaſe prevailed among the girls ſcarcely half the time it did among the boys. Of the forty-eight affected, two died; and ſince

* The Scarlatina anginosa occurred here about eight years ago, in a milder form, so that of sixty who were affected but one died: this patient was a girl taken suddenly with convulsions, after being much reduced by the disease.

many of the girls alſo returned home ſoon after the complaint appeared, their number was, at the end of the eighth month, diminiſhed to 90. I mention this reduction of our liſt, leſt otherwiſe it might appear that we were more ſucceſsful than we really were, in defending a great number from the contagion. Beſides the children, who were in general between eight and fourteen years of age, a few others of the family were affected with the diſeaſe.—The following is a ſtatement of the whole:

	Affected with the disease.	Died.
Boys	105 Of whom	5
Girls	49	2
Masters, apprentices, and servant-men	8	0
Mistresses, servant-women, and apprenticed girls	9	0
	171	7 nearly 1 in 24.

About thirty other children were affected, but too ſlightly to be included in the ſick liſt: however, it may be obſerved that in the liſt of 171, there was almoſt every gradation of the diſeaſe; I could not therefore draw the line of diſtinction with much exactneſs.

" In regard to prevention, I think that an improvement of the diet in ſuch as live low, moderate exerciſe in the open air, cold bathing, in ſhort every mode of ſtrengthening the conſtitution, with great attention to cleanlineſs and ventilation, muſt have a tendency

both

both to ward off the diſeaſe, and to ſupport through it thoſe on whom the contagion has faſtened.—They who are in attendance ought as much as poſſible to avoid taking the breath of the ſick, ſince it is clear that the Scarlatina, and very probable that ſome other diſeaſes are ſo received. When children in a ſchool are affected with ſymptoms of fever, they ſhould be immediately ſeparated from the reſt, till the nature of the fever be fully aſcertained: this precaution having been taken, I believe ſeveral children at Ackworth, though really attacked by the Scarlatina, were, through the early application of ſuitable means, preſently reſtored to health. But when theſe attempts did not ſucceed, the patients were ſent to a fever-houſe at the bottom of the garden, more than two hundred yards from the grounds frequented by the children. This houſe conſiſted of a chamber for the ſick girls, and another for the boys, with anſwerable convaleſcent rooms on the ground-floor, and a bed-room for the nurſes, beſides a few other ſmall apartments, all, by a little contrivance, ſufficiently ventilated. Thoſe whoſe complaints did not require them to be ſtrictly confined, might walk behind the houſe, where there is a graſs plot: but when the fever and ſloughs in the throat were wholly removed, the patients ſtayed a few days in the convaleſcent rooms, and had an opportunity of walking in the garden, at the front of the houſe, to clear themſelves

ſelves from infection by repeated expoſure to the open air. After this they went acroſs the garden to a waſh-houſe about equally diſtant from the fever-houſe and the ſchool, where they were entirely ſtripped, and waſhed with ſoft ſoap, particular attention being paid to cleanſing their hair. They then put on freſh clothing, and went up to the rooms in the ſchool, being, however, kept apart for ſome time longer. Their bed and body linen was frequently changed on their return, as it before had been in the ſick-rooms. When they had continued thus about a week, and appeared to have recovered their ſtrength, the general ablution was repeated; and after rambling in the fields for ſome hours, they were permitted to mix with the other children."

" As ſoon as the weather would permit, cold-bathing was entered on by the boys who were in health: they began with it ſooner than the girls, and uſed it more frequently, yet it appears by the proportion of boys affected, that they were more ſuſceptible of the diſeaſe than the girls, which ſeems to militate againſt the opinion before given; however, the influence of other cauſes ſhould be taken into account."

" Fumigations were uſed, with an unſparing hand, both in the ſick and the convaleſcents' houſes, alſo in the lodging-rooms of the children who were well, every evening after they retired to reſt. Our uſual mode of fumigation was by pouring vitriolic acid on marine

ſalt,

ſalt, to which manganeſe was added on the recommendation of Dr. Walker, who, at my requeſt, came over ſeveral times from Leeds to viſit the ſick, and to whoſe aſſiſtance I attribute a conſiderable ſhare of the ſucceſs in our management of this dreadful diſeaſe. This plan of fumigation, after a long trial, appearing inſufficient to deſtroy the contagion, the manganeſe was omitted, as it tends to oxygenate the muriatic acid, by which effect, in the opinion of Chaptal, it's acid virtues become weaker, ſince it's affinities with alcalies diminiſh, and it is ſo far from reddening blue vegetable colours that it deſtroys them. Elem. of Chem. Vol. I. p. 246. We afterwards uſed only the ſalt and acid, as recommended by Dr. Johnſtone, but with no more apparent advantage than before. The vapour raiſed by Dr. C. Smyth's mode of fumigation, proved ſo unpleaſant to my lungs, that I was ſoon obliged to lay it aſide."

" Vinegar was employed very freely in ſprinkling the floors, and even the bed-clothes: the patients likewiſe were very frequently waſhed, during the hot ſtages of the diſeaſe, with cold vinegar, or vinegar and water, or vinegar and brandy, by means of ſponges, or linen cloths, not only on their faces and extremities, but occaſionally over the whole body; and they, in general, experienced much relief from it."

" Though

" Though the ſeaſon was uſually very cool, a ſyſtem of ventilation was carried on, night and day, much beyond what can be done in almoſt any private family. The rooms were alſo frequently waſhed, ſometimes even while the ſick were in them; nor do I know of any caſe in which this practice was attended with the ſmalleſt injury."

" Gargling night and morning, as recommended to us by Dr. Lettſom, was not uſed by thoſe who were well till the diſeaſe appeared on the decline: it muſt no doubt be ſerviceable as a preventive, but, notwithſtanding it was long regularly practiſed by the children, it did not prevent returns of the Sore-throat with feveriſh ſymptoms.

" Not finding that the means above-mentioned are to be wholly depended upon, I would recommend, in large ſchools, that the communication be cut off between the ſick, their attendants or viſitors, and the reſt of the family *. This I found could not be carried into effect, though the houſe for the ſick was 250 yards

* In academies not ſo populous as Ackworth ſchool, the above means carefully applied have been found effectual. See Dr. Haygarth's Letter to Dr. Percival, page 81; alſo Dr. Withering, page 67, and Dr. Blackburne, on Scarlet Fever, page 21. All theſe writers give a caution againſt the uſual practice, on the appearance of the diſeaſe, of haſtily diſperſing the ſcholars, who may, after returning home, diffuſe contagion in their reſpective families and neighbourhoods.

from

from the ſchool, while proviſions, &c. were ſent from it to the ſick; I therefore propoſed, when the diſeaſe broke out, to ſend away thoſe at the time uninfected, as far as practicable: but this was not done till a very late period, ſome perſons, who were conſulted, thinking the firſt precaution would be ſufficient."

In making the ſeparation here recommended, we may ſafely act on the ſuppoſition that perſons under the influence of contagion do not communicate it till they are actually affected with the fever and efflorescence. Under certain circumſtances, indeed, the infection may be conveyed from one to another by a third perſon. A nurſe, for inſtance, having received on her clothes, pocket-handkerchief, &c. the vapour from the lungs, the phlegm from the throat, or diſcharge from the noſtrils, of a patient in the Scarlet Fever, would infect any child attended or careſſed by her while ſhe wore the ſame dreſs: or ſervants, after viſiting their relations or friends ill of Scarlatina, may ſometimes infect their fellow-ſervants, and the children in houſes where they reſide; but all the perſons thus ſecondarily infected are incapable of communicating the diſeaſe, until the fever ſupervene, which, by altering the ſtate of the ſecretions, opens a new ſource of contagion. It is to be remarked that convaleſcents from Scarlatina, notwithſtanding a minute attention

to

to cleanlineſs and change of apparel, remain, for two, or three weeks*, capable of infecting perſons ſuſceptible, eſpecially children, with whom they have intercourſe: in order, therefore, to prevent the contagion, the long, laborious proceſs deſcribed, pages 383-4, ſeems not more than ſufficient. Dr. Blackburne has properly animadverted upon the dangerous practice of ſending convaleſcents to ſchool, often with the clothes worn during their illneſs. After adducing ſome examples of the miſchievous effects thus produced, he adds, "The public are therefore moſt ſeriouſly admoniſhed of the great danger of allowing convaleſcents to mix too ſoon with ſociety. I have no doubt that thouſands have been infected in this way, from the moſt unſuſpected quarters, and will continue to be ſo unleſs the momentous fact here ſubſtantiated be made known, and acted upon with a conſcientious regard to the public weal †"

All the precautions above ſpecified ſhould be obſerved on the appearance of the ſimple Scarlatina, as well

* These periods I have been able to ascertain in several instances. I likewise had an opportunity of observing that a convalescent from the Measles, at the end of a fortnight, although in fresh clothes, infected a child in the country, on whom the eruption appeared thirteen days after the intercourse.

† On Scarlet Fever, page 36.

as

as when our attention is called to the more dangerous forms of the diſtemper. From the ſtatements, page 281, 332-3, it follows that the ſlighteſt caſe of Scarlet Fever, occurring in a large family or ſchool, where no preventive care is exerciſed, may preſently produce in ſome the Scarlatina anginoſa, in others the ulcerated Sore-throat, and in others the gangrenous Sore-throat; and may thus endanger all thoſe who have communication with the perſons affected, or with their attendants. Influenced by a conſideration of theſe circumſtances, ought we not to employ all the means in our power, and eſpecially ſuch as have been found ſucceſsful againſt other contagions, to eradicate from our country this inſidious, moſt virulent, and deſtructive diſeaſe? It does not ſeem to have been known among us more than 150 years, for Sydenham and Morton are the firſt Engliſh writers who mention it. Sir Robert Sibbald, phyſician to King Charles the Second for Scotland, ſays in the year 1680, this diſeaſe had appeared ſo lately at Edinburgh, and was ſo little underſtood, that he could not venture to give any obſervations on the theory of it, nor on the method of treatment. " Inter multos morbos, qui huic ſæculo originem debent, nuperrimè Febris obſervata eſt quæ Scarlatina dicitur a coccineo colore, quo cutis ferè univerſa tingitur. Hujus morbi non ita frequentes obſervationes ſunt, ut indè accurata ejus theoria tradi, et

curandi methodus extrui poterit.——Pauciſſimi verò ex hac febre mortui ſunt." Before the middle of the laſt century, it had made it's appearance in every populous town of North Britain, as well as England, and had extended throughout the greater part of Ireland. There are, however, in different quarters of the united kingdom, ſome diſtricts remote from any conſiderable town, and ſeveral ſmall iſlands, which have not been viſited by the diſeaſe, if we can truſt to the memories or traditions of their inhabitants. The above circumſtance affords a proof that the Scarlet Fever does not ariſe ſpontaneouſly in our climate (ſee page 284), and that when produced it is not communicable to any great extent through the medium of the atmoſphere, as was formerly ſuppoſed. Our endeavours to ſuppreſs it will be facilitated by the knowledge we at preſent poſſeſs of the manner in which it is diffuſed. Not only the perſpiration and breath of perſons affected with the fever communicate it to their attendants and viſitors, but the clothes, bedding, and furniture in the apartments of the ſick, are for ſome weeks capable of infecting thoſe who handle or uſe them. Infection is likewiſe retained in carriages employed to convey the ſick, and convaleſcents, their nurſes, or relatives. Since there is not on this head any reſtraint by law, and but little from private feeling, ſome hundreds are annually infected by hackney-coaches, ſtages, ſedans, and hired carriages.

carriages. Dr. Fothergill (page 28) remarks, that the ulcerated Sore-throat, in 1746, began at "Bow, Greenwich, and adjacent places, ſeeming to ſpread from the river ſide weſtward over the whole city." As the diſeaſe took the ſame courſe, when it was epidemical in 1786 (ſee above, p. 262), ſome phyſicians have thought that the Scarlatina was, on both occaſions, introduced by means of infected goods brought from abroad. The diſeaſe may have been ſometimes thus imported; but when it appears in the eaſtern part of the metropolis, it will be more frequently found to have originated from the large repoſitories of old clothes near the Tower, Eaſt Smithfield, and Ratcliff Highway. It is aſcertained that cotton, hair, and wool, are the ſubſtances moſt readily imbued with contagion, which becomes more virulent when the air is prevented from having free acceſs to them.—If infected clothing, made of theſe materials, remain for ſome weeks in a full cloſe room, or locked up in cheſts, and be then ſold out during an unhealthy ſeaſon, not only the wearers of it, but all who have intercourſe with them, are preſently affected, and contribute to ſpread the diſeaſe. Thus alſo the Small-pox, Meaſles, Typhus, Hooping Cough, Itch, and Scald-Head, are perpetuated among us; and the febrile contagions are from time to time widely diffuſed. During the laſt year of my attendance at the Public Diſpenſary, I had reaſon to think that a fa-

mily in Wild Street, Lincoln's-Inn Fields, was infected with Scarlatina maligna by clothes bought in Monmouth Street. More than fifty perſons in the adjoining houſes were ſoon affected with the diſeaſe, which afterwards traverſed Drury Lane, and ſpread by Long Acre, and the ſtreets connected with it, through ſeveral large pariſhes in Weſtminſter. Infection is principally communicated at the day-ſchools, which we obſerve in almoſt every ſtreet, court, and alley. They are much crowded, ill ventilated, and open to children without reſtriction, and without enquiry into the health of the families from which they come. Some effective reſtrictions are, however, neceſſary with reſpect to theſe and the other ſources of diſeaſe above mentioned, which, although they benefit individuals, endanger the lives of thouſands. Thoſe who deem ſuch reſtraints an infringement on our civil liberties, and contrary to the tenor of the Britiſh conſtitution, may be referred to the Quarantine laws, rigidly enforced on the paſſengers and crews of all ſhips coming from Turkey, or any place in Africa within the Streights of Gibraltar, or from Weſt Barbary on the Atlantic Ocean.—By an act of Parliament explained and enforced by an order of the Privy Council, "The appointed Superintendant, and Medical Attendant, or the proper Officer of the cuſtoms at the place where the

the quarantine is to be performed*, muſt go in a boat on the windward ſide, and ſee the crew, with all other perſons on board, muſtered on the gangway, and in their preſence put two ſets of queſtions to the maſter, who is to anſwer the ſame on oath. Two Quarantine Guardians are then put on board by the Superintendant, and the boats belonging to the ſhips are taken away till the expiration of the term: to prevent all clandeſtine communication, a ſufficient number of guard-boats and officers row guard all night; and centinels with loaded muſkets, and with ſmall pieces of ordnance, loaded with grape and canniſter ſhot, are conſtantly ſtationed near the lazarets."

"Thoſe who are appointed by the Superintendant to ſupply the ſhips or lazarets with neceſſaries, muſt place their boats to windward, and deliver by means of metal buckets with chains the articles they bring."

After a tedious probationary airing of the cargo upon deck, "all the goods, wares, and merchandizes, are carried to the lazaret, there to be unpacked, opened, and aired for forty days. The Quarantine Guardians are to take care that after the diſcharge of the cargo, the holds and between decks of the ſhips ſhall be completely ſwept, and the ſweepings be burnt:—to ſearch diligently the lockers, cheſts, and other repoſitories of

* There are ten lazarets, or places for quarantine in Great Britain.

the

officers, paſſengers, and crews, and ſee that no matter, or thing ſuſceptible of infection, remain undelivered; and that all the cheſts and repoſitories be daily opened, and aired or fumigated."

Theſe regulations are not confined to the plague, but muſt be obſerved in every "other infectious diſeaſe which is, by his Majeſty, with the advice of his Privy Council, declared to be of the nature of the plague." Heavy fines are laid, and even death is inflicted, on thoſe who do not ſtrictly conform to them; viz.—"Maſters of veſſels without clean bills of health, meeting other ſhips at ſea, or being within four leagues of the coaſt muſt, by day, hoiſt a yellow flag, of ſix breadths of bunting, with a circular mark or ball entirely black, with diameter equal to two breadths of bunting, or by night a ſignal lanthern at main-top-maſt head, on penalty of 200l. for every ſuch offence."—"Pilots conducting veſſels liable to quarantine into places not appointed, forfeit 100l.—"If the maſter of the veſſel refuſe to anſwer the queſtions of perſons authorized, he forfeits 200l.—If he refuſe to ſhew the officer ſuch bill of health, and liſt of goods, ſchedule, or manifeſt as he ſhall have received from the Britiſh Conſul, or two known merchants at the port where he took the goods on board, together with his log book or journal, he ſhall forfeit and pay the ſum of 500l. —He forfeits the ſame if any goods, baggage, preſents, or

or letters not ſpecified in ſuch liſts, ſchedules, or manifeſts, be landed or unſhipped.—"Any maſter, ſeaman, or paſſenger quitting the ſhip without licence, may be compelled, by any perſon or perſons whatever, by any kind of neceſſary force, to return on board, and may be impriſoned ſix months, and fined 200l."—"Maſters of veſſels coming from places viſited with the plague, or having any infected perſon on board, and concealing the ſame, ſhall ſuffer death."—"If any perſon neglect to repair duly to the place appointed for him, or ſhall eſcape, and refuſe to return, ſhall ſuffer death, as in caſes of felony."—This puniſhment extends to "any found perſon entering the lazaret, who ſhall attempt to return from thence without licence, and after his eſcape refuſe to perform quarantine."—"Perſons concealing from the officers, or conveying any letters, wares, &c. from the veſſel, or from the lazaret, ſhall ſuffer death," &c. &c. &c.

Since we ſubmit, without reluctance, to theſe ſtrict and ſevere laws, in order to guard againſt the introduction of the plague, we cannot, I think, conſiſtently oppoſe ſome neceſſary regulations with reſpect to other contagious and fatal diſeaſes. The Reports of the Inſtitution for the Cure and Prevention of Contagious Fevers in the Metropolis, ſhew us how much may be accompliſhed by a perſevering attention to the ſubject.

This

This ſociety, by removing perſons firſt affected to a convenient houſe, and by ventilating cleanſing and fumigating the apartments they had occupied, with their apparel, bedding, furniture, &c. was enabled within three years nearly to ſuppreſs the Typhus or malignant Fever, in ſeveral adjoining pariſhes, where it had before annually produced a conſiderable mortality among the labouring poor*. Some reſtraints impoſed with regard to the ſources of contagion (page 290-1), and enforced by authority, might alſo prevent the diffuſion of the Scarlet Fever in London, in other cities, in our ſea-ports, and conſiderable manufacturing towns, from which it is often conveyed, in various directions, through the country. A ſpecific mode of accompliſhing ſo deſirable an end, need not be here detailed; but the neceſſity of it will, I think, be apparent from the foregoing hiſtorical ſtatement, p. 284—350. The exertions made, in different parts of Europe, to prevent the communication of the Small-pox, and peſtilential Fevers, have been very ſucceſsful;—it is, therefore, reaſonable to conclude, that ſimilar efforts might finally extirpate the Scarlatina, a diſeaſe which has ſo long been the bane of ſchools and academies, which has blaſted the hopes of many noble houſes, and which, in thouſands of families, by ſuddenly deſtroying a numerous progeny, has conſigned the deſtitute parents to anguiſh and deſpair.

* See Reports on Diseases in London, pages 229, 254, 266, 285.

ORDER III.

III. URTICARIA.

THE URTICARIA * or NETTLE-RASH is characterized by the round, oval, or longitudinal elevations of the cuticle, uſually denominated wheals (DEF. IX), which have a white top, often ſurrounded by diffuſe redneſs. Some of the orbicular wheals reſemble tubercles in form (DEF. VIII.), but they are not permanent, nor have they any tendency to ſuppuration. The Nettle-raſh, though in many caſes accompanied with fever, is not contagious. Linnæus has deſcribed the eruption in the following terms: Sudamina pruriginoſa, inæqualia, ruberrima, dilatabilia, fugacia, recidivantia, furfuraceo-evaneſcentia: Hectica brevis, benigna.—The varieties of this diſeaſe,

* This diſease is mentioned by different medical writers under different generic titles, as Scarlatina, Essera, Erysipelas, Purpura, Erythema, and Uredo.

which ſeem chiefly to merit attention, I propoſe to denominate Urticaria febrilis, Urticaria evanida, Urticaria perſtans, Urticaria conferta, Urticaria ſubcutanea, Urticaria tuberoſa.

I. Urticaria febrilis. This is always attended with conſiderable diſorder of the conſtitution. The ſymptoms preceding the eruption, are*, pain and ſickneſs at the ſtomach, head-ach, great languor or faintneſs, with a diſpoſition to ſleep, a ſenſe of anxiety, an increaſed quickneſs of the pulſe, and a white fur on the tongue. In two days, or ſometimes later, after theſe ſymptoms, the wheals appear with an efloreſcence in patches of a vivid red, or ſometimes nearly of a crimſon colour†. They are preceded by fits of coldneſs and ſhivering, and are attended with a moſt troubleſome itching or tingling, which is greatly aggravated

* Purpura urticata, imprimis, corripit patientes cum subtili sensu refrigerii, in superficie corporis. 2. Subsequitur modicus calor. 3. Hunc comitatur sitis non admodùm intensa. 4. Jungitur etiam aliqualis capitis perturbatio, aut lenis ejusdem dolor. Juncker's Conspectus, Tab. 64.

† See PL. XXV. Fig. 2.

Sydenham, de Febre erysipelatosâ, sect. V. cap. 6, observes, "Est et alia hujusce morbi species, licet rariùs occurrens.—Febriculam quæ agmen ducit, mox

aggravated during the night, and which prevents reſt for many hours. In order to avoid this inconvenience, I have known many perſons ſleep on a ſofa without putting off their cloaths, as their diſtreſs begins immediately on uncovering the body*. The patches often coaleſce ſo as to produce a continuous redneſs: they appear on moſt parts of the ſurface†, but they are diffuſed particularly on the ſhoulders, loins,

mox excipit pustularum per universum ferè corpus, eruptio, quæ urticarum puncturas referunt, et nonnunquam in vesiculas attolluntur; mox recedentes tuberculorum more sub cute se condunt, cum pruritu mordacissimo, et vix tolerando; at quoties levissimam scalpturam subeunt, rursùm apparent." Compare De Meza, Med. Compend. I. pag. 54, De Febre erysipelaceâ. Andr. Loew. Hist. Epidem. Hungariæ, anno 1688, in Act. Nat. Cur. vol. I. and Ephemerid. cent. vi. obs. 96. Burserii Inst. Med. vol. II. cap. 5. and Arnemann, Handbuch der Pract. Medecin. 1800.

* Every change of temperature seems to produce uneasiness: hence Buserius justly observes, " Calore lecti, et expiratione auctâ, sæpe evenit ut evanuisse papulæ videantur: sed si cutis aeri exponatur, aut e lecto surgant ægri, retentâ expirabili materiâ, statim papulæ conspicuæ fiunt, cutemque ut anteà attollunt cum notabili pruritu et ardore. loc. citat.

† 5. Tandem cum multo pruritu, et superficiali tensione, et rigore, hinc indè Exanthemata tam in facie quam reliquo corpore erumpunt. 6. Hæc Exanthemata cutim superant, et citò in notabile augmentum adcrescunt, ac papulas

loins, nates, thighs, and about the knees. They extend likewiſe to the face; and there is ſometimes a red circle round the palm of the hand, accompanied with a ſenſation of violent heat. They appear and diſappear irregularly, firſt on one part, then on another, and they may be excited on any part of the ſkin by ſtrong friction or ſcratching. During the day, the efflores-cence fades, and the wheals in general ſubſide, but both of them return with a ſlight febrile paroxyſm in the evening*. The red patches of efflores-cence are often elevated above the level of the adjoining cuticle, and form denſe tumours, with a hard diſtinct border: the interſtices are of a dull white colour. When the patches are numerous, the face, or the limb chiefly covered with them, appears tenſe and conſiderably enlarged. At the latter end of the diſorder, the eyelids

quasdam eminentes, paullò latiores, coloris ex pallido rosei, urticarum læsiones referentes, offerunt. 7. Nonnunquam cum protuberantiis semierysipelaceis, et asperitate serpiginosâ efflorescit; et aliquo modo erysipelatis indolem imitatur. Juncker.

* 8. Febris, si adest, mitioris indolis esse solet. 9. Non permanent constanter exanthemata, sed diuturnis imprimis horis evanescunt, quibus etiam motus febriles remittunt. 10. Circà vesperim verò, ubi febris revertitur, denuò prodeunt, et eo tempore etiam pruritus molestus et ardens insigniter affligit. Juncker.

are

are red and tumefied, and there is often a ſwelling and inflammation on the ſides of the feet. On the appearance of the eruption, the pain and ſickneſs at ſtomach are in general relieved, but when it diſappears, thoſe ſymptoms return. The whole duration of the febrile Nettle-raſh is ſeven or eight days. As the eruption declines, the tongue becomes clear, the pulſe returns to it's uſual ſtate, and all internal diſorder ceaſes: the efflorescence exhibits a light purple or pink colour, and then gradually diſappears, being ſucceeded by ſlight exfoliations of the cuticle*.

This complaint, though not in general dangerous, is extremely troubleſome from the violent heat of the ſkin, and the itching and reſtleſſneſs, with which it is uſually attended: it is on ſome occaſions very alarming, eſpecially when the ſickneſs and languor, at the beginning of the eruption, bring on repeated fits of fainting. I ſaw it terminate fatally in the caſe of a man about fifty years of age, who had impaired his conſtitution by hard labour, and intemperance. On the 1ſt and 2d day of Au-

* 11. Totus affectus intra triduum vel quatriduum finem suum adsequitur; et si a febre immunis est, adhuc citius exitum sortitur. 12. Exit cum temperatâ diaphoresi; et post cessationem, exilissimæ squamulæ ab affectâ parte secedunt. Juncker.

guſt

guſt 1792, he complained of nauſea, and of great pain in the ſtomach, which was increaſed by preſſure. He was very thirſty, had a quick pulſe, and a ſlight delirium at night. On the 3d and 4th of Auguſt, a number of elevated wheals, and red patches, were diffuſed over the body, with much heat and itching of the ſkin. While the raſh continued vivid, his internal complaints abated, but, on it's ſudden diſappearance about the fifth day, the febrile ſymptoms and delirium became more violent than at firſt. On the ſixth day, the eruption appeared again on his face: he was notwithſtanding very hot, reſtleſs, and delirious; he remained in the ſame ſtate through the following day, and died in the evening*.

The febrile Urticaria occurs chiefly in ſummer, and affects perſons of a plethoric or ſanguine habit, eſpe-

* Sennertus mentions the occurrence of the Nettle-rash in bilious fevers: "Interdum Essere Febres biliosas præcedunt, et propterea ii, qui hisce tuberculis frequentiùs molestantur, curationem non negligere debent, ne in Febres et gravius malum incidant." Pract. Med. Lib. V. Part i. cap. 26.

Dr. Cleghorn (on the Diseases in Minorca, pag. 222) says, "The Essere often accompany Tertian Fevers, and appear most commonly in the hot fit Sometimes I have seen them so numerous, that the whole body was disfigured by them. and painted in many places with all the colours of the rainbow. In a few such cases, the disease, contrary to expectation, proved suddenly mortal."

cially

cially thoſe who indulge themſelves in eating and drinking too freely*. I have often obſerved this complaint connected with teething, or a diſorder of the bowels, in infants not a year old†, who, from the itching and irritation attending it, become hot, fretful, and reſtleſs, and have a white tongue, with a very quick pulſe. In children from two to ten years of age it is alſo very frequent. Among adults, I have found men more frequently affected with it than women.

* Sydenham remarks, "Quolibet anni tempore invadit, idque hâc ut plurimum προφάσει, quod scilicet æger vinorum subtilium, magis magisque attenuantium, potatione paulò liberaliùs indulserit, aut liquoris similis spirituosi." loc. citat.

† "Purpuræ volaticæ seu scorbuticæ species in infantibus aliquandò occurrit, quam Essere vocant Arabes. Exigua erumpunt tubercula hinc indè in corpore, sine insigniori calore, cute inæquali, rubrâ redditâ, cum insigni pruritu, non aliter ac si urticis percussæ essent partes, unde Die Ressel Sucht etiam vocatur." G. W. Wedel, de Morb. Infantum, cap. 37.

"The Nettle-rash occurs in children, more generally under two years of age; and is exceedingly troublesome to the infant, as well as matter of surprise to parents, from the suddenness of it's appearance. Children going to bed perfectly well, wake very uneasy, and frequently continue screaming for some time before the cause is discovered. But upon examining the body and the lower limbs, they are found covered with large wheals, resembling those produced by the sting of nettles." Dr. Underwood, vol. I. pag. 101.

A diſeaſe

A diſeaſe very ſimilar to the febrile Urticaria is produced, in particular conſtitutions, by ſubſtances offenſive to the ſtomach, ſuch as almonds, muſhrooms, herrings, crab-fiſh*, muſcles, and lobſters. The effect is almoſt inſtantaneous, and the ſymptoms are extremely violent for ſeveral hours, but the diſorder ſeldom exceeds two days. Dr. Winterbottom ſays, "I have twice been violently affected by eating the ſweet almond. The firſt time, within a few hours after eating this fruit, though in no great quantity, I was ſeized with ſlight nauſea, uneaſineſs in the ſtomach and bowels (without any fixed pain), great reſtleſſneſs, and increaſed heat. Theſe ſymptoms were ſoon followed by an œdematous ſwelling of the face, eſpecially of the lips and noſe, which were very hot and itching. There was, at the ſame time, an uneaſy tickling ſenſation in the throat, which excited a troubleſome cough and a conſtriction of the fauces, which ſeemed to threaten ſuffocation. The tongue likewiſe became enlarged and ſtiff, cauſing

* "A man was always affected with Urticaria after eating crabs, whether boiled, or in ſoup: he was affected thus even by the vapour which arose from them, alſo by taking the lap. caneror." 'Dr. Tode, from whom this is quoted (Med. Chir. Bibl.) obſerves, that he is himſelf frequently, though not always, affected with a ſlight Urticaria after eating crab-ſoup.' Med. Facts and Obs. Vol. V. pag. 59.

a ſlowneſs and faultering in the ſpeech. Soon after going to bed, an eruption took place over the whole body, of ſpots nearly as large as a ſixpence, of a dead white colour, a little elevated above the ſkin, like the wheals produced by the ſting of a nettle, and intolerably itching. In their interſtices, the ſkin was of a high red colour: the whole body was alſo tumefied, though in no great degree. Theſe ſymptoms continued during the greater part of the night, but gradually abated towards morning, upon the breaking out of a conſiderable perſpiration, which was encouraged by warm diluents: the next day, not the leaſt veſtige of the complaint remained.—The ſecond time this affection occurred, the appearances were nearly the ſame, except that they began a few hours later than in the firſt inſtance. The eruption alſo continued the greater part of the enſuing day, and then gradually declined.—I have not felt any inconvenience from eating the blanched almonds."

" Dr. Gregory, in his clinical lectures, ſtated that he had himſelf been ſubject to a ſimilar complaint from eating almonds; that he had a violent attack of fever, ſwelling of the body, and a copious eruption on the ſkin, attended with a loſs of voice, and coldneſs of the extremities, which, however, went off the next

day*.—Nearly the ſame ſymptoms, he added, had occurred to him from eating a green cucumber, with the ſkin upon it, and continued four days, but were at length removed by a cathartic.—Dr. Gregory had ſeen two patients affected, by drinking porter, with a ſimilar diſorder, which he referred to the bitters infuſed in that liquor†."

The diſeaſe, which takes place after eating muſcles or lobſters, has in a few inſtances proved fatal. A ſtatement of it's ſymptoms has been given by different authors‡: the eruption attending it, in ſome caſes, re-

* In some persons, the predisposition is so strong, that a few kernels of any of the Drupacea will produce the disease. The first symptom of it is, invariably, an uneasy sensation of itching or prickling in the fauces; this is succeeded by a swelling of the tonsils, and by a slight affection of the larynx, attended with a tickling cough, and an obstruction or loss of voice.

† Medical Facts and Obs. Vol. V. page 60. Compare Dr. Withering on the Scarlat. ang. pag. 63.

‡ Mityli (vulgo muscheln) ab innumeris hominibus avidè satis, innoxièque, comeduntur. Nihilominùs tamen plurima, intrà muros civitatis nostræ, et extrà, exempla me docuerunt, ex eorum genere esse nonnullos, veneni quidpiam in visceribus occultantes. Vidi enim paucas matronas, virgines, et infantes, ex eorum esu, malè se habentes, sentientes præcordiorum anxietates, sudores frigidos, lipothymias, ventris, faciei, et extremitatum intumescentiam, ità ut actum de earum vitâ putasses." Ephem. Nat. Cur. Dec. II. ann. 8. pag. 122. Obs. XLVIII. a J. C. Bautzman, medico Kiloniensi.

ſembles

ſembles that deſcribed pag. 400, in others it is like the Scarlatina* (pag. 255). An eminent phyſician, Dr. Bœhrens†, has minutely deſcribed the ſymptoms which took place in himſelf from partaking of a diſh of muſcles. Two hours after dinner (3 o'clock P. M.), he felt an uneaſy conſtriction of the cheſt (anxia præcordiorum conſtrictio), a ſevere pain between the ſtomach or duodenum and the vertebræ of the loins, with pain ſhooting from the ſcrobiculus cordis to the lower inteſtines. At four o'clock, he was affected with diarrhœa, vomiting, and excruciating pain and itching at the rectum. When theſe ſymptoms ceaſed, a conſiderable heat and ſwelling took place, on a ſudden, in the external ear. At ſix o'clock, the inflammation ſubſided, but heat, itching, ſtiffneſs, and ſwelling of the ſkin of the forehead immediately followed. At this time, after drinking ſome warm liquors, his face was univerſally red and ſwelled, ſo that the eyes and noſtrils were

* In fæminâ viginti annos natâ a mitylis ingurgitatis nausea, calor totius corporis, præcordiorum angustia, difficilis respiratio, pulsus nimium celer, animi deliquium; totum corpus undique adeò rubrum erat, ac si panno coccineo obductum esset, membraque ità semper convellebantur ut ægra ne momentum temporis quiescere posset. Ibid. Obs. 194, a J. C. Mentzelio.

† De Affectu a Mitylorum esu, a treatise annexed to Werlhoff's Dissertation De Variolis & Anthracibus, 1735.

cloſed, the noſe being almoſt buried in the ſwelling. He was again affected with violent pain and conſtriction of the præcordia, till relieved by vomiting. In half an hour afterwards, the tumor of the face ſubſided, but eruptions, like the wheals produced by a ſtinging nettle, appeared on the breaſt and body with conſiderable irritation. These diſappeared as ſoon as a ſimilar eruption had taken place on the arms, and lower extremities. Dr. Bœhrens remarks, 1. That the eruption was moſt in front of the body, and that there was not any of it on the ſcalp. 2. That the irritation diminiſhed as the eruption approached to the extremities. 3. That there was not any increaſe of the pulſe. 4. That the eruption commenced at ſix o'clock, and diſappeared about ten o'clock. 5. That he ſlept well, and awoke refreſhed on the ſucceeding morning.

For a more extenſive account of this diſeaſe I may refer the reader to two papers in the Memoirs of the Academy of Bruſſels*.

Phyſicians

* See the Memoire, Tom. I. pag. 242, &c. by M. J. B. de Beunie, who says that muscles are only noxious in May, June, July, and August, while they feed on the spawn of the stella marina, deposited, in those months, at the mouths of rivers. M. Du Rondeau, in the succeeding volume of Memoires, controverts this opinion, and observes that muscles prove equally injurious, at every period of the year, to some individuals. According to the experience of both these gentlemen,

Phyſicians have been induced, by the circumſtances above ſtated, to conclude, that the febrile Urticaria originates, generally, from indigeſtion, or from ſubſtances of a poiſonous quality taken into the ſtomach, even though in a few caſes it may ſeem to have been produced by a ſudden check to perſpiration, without any previous internal diſorder.

Dr. Withering endeavours to account in nearly the ſame manner for the raſh in the Scarlet-fever, ſuppoſing that the acrimonious fluid ſecreted by the glands of the fauces in that diſeaſe, and received into the ſtomach, acts as "a poiſon upon the conſtitution," and "increaſes the vibratory motion of the capillary blood veſſels, by which an unuſually large quantity of blood is accumulated in thoſe veſſels, and the heart and large arteries are deprived of their cuſtomary proportion.*"

A healthy young woman, after attending a child affected with the Scarlatina anginoſa, had the fever and

gentlemen, vinegar, or the citric acid, taken internally and applied externally, ſoon relieves the perſons affected by eating muscles. M. Du Rondeau ſays the diſorder will not take place if the muscles be previouſly dreſſed with vinegar. He thinks the efflorescence, in this complaint, peculiar, denying its reſemblance to the Scarlatina, Erysipelas, or Nettle-raſh.

* On the Scarlatina anginoſa, pag. 62, 70, 71.

ſore-throat,

ſore-throat, in the uſual form, with an eruption on her ſkin. The eruption, however, was not like the efflo-reſcence uſually occurring in the Scarlet-fever, but reſembled, in every reſpect, the Nettle-raſh deſcribed above, pag. 400, and repreſented PL. XXV. Such caſes appear to favour the opinion of Dr. Withering and others, who think the exciting cauſes of Scarlatina and of the Nettle-raſh produce their effects by a ſimilar mode of operation on the human body.

Dr. Frank has related the caſe of a young man, who had an univerſal eruption of the Nettle-raſh, with a ſlight paroxyſm of fever, every day after dinner, though his diet was ſimple and moderate, and though he wholly abſtained from the uſe of ſpirituous liquors *.

At the beginning of the febrile Urticaria, it is proper to give an emetic doſe of the powder or the wine of

* Frank, tom. II. p. 107. In sanissimo ex auditoribus nostris juvene, vix a suscepto pastu, nec spirituosis liquoribus, nec pravis aut nimiis esculentis sanitati contrario, mordacissimus ac intolerabilis ad universam corporis superficiem, imprimis verò ad collum et ad faciem, pruritus ac ardor comparent, succedit calor non modicus, facies ipsa haud levi suffunditur rubore; auriumque tinnitus et capitis susurrus, cum anxietate et præcordiorum angustia per vices redeunte, superaccedunt. Pulsus naturalibus vix frequentiores inveniuntur. Mox verò phymata diversæ magnitudinis, ad superiorem juguli partem, ac propè mentum

of ipecacuanha. Antimonial preparations ſhould be avoided in this diſorder, as they often operate with great violence, and occaſion fainting. A laxative draught with rhubarb and magneſia is neceſſary, on the morning after the exhibition of the emetic, unleſs a ſpontaneous diarrhœa ſhould have ſupervened. During the fever, patients ſhould be reſtricted to a light and cooling diet, and ſhould abſtain from fermented liquors; they ſhould not continue long in heated air, nor take ſudorific medicines. When the complaint is declining, Peruvian bark, with vitriolic acid, often proves very advantageous.

I have not obſerved frequent returns of the febrile Nettle-raſh, in the ſame perſon. The following caſe of

mentum celeritate singulari propullulant, ipsumque cutis ambitum in tumorem inæqualem attollunt. Paulò seriùs ad faciem similia sed minori portùs numero prorumpunt; ad genas vero perexiguæ papulæ efflorescunt. Ad cæteras corporis partes, licet ardor ac pruritus continuent, exanthema nullum comparet: sub hoc interim rerum statu, liberiorem vix aerem petierat ægrotans, cum statim efflorescentiæ, ampliori ex fundo, assurgerent, et in latiores plagas diffunderentur; ità ut quædam ex illis, circulo ad basim ruberrimo instructa licet ad collum nucis ferè avellanæ magnitudinem adæquarent, graciliorem tamen ac pellucentem, sed verè vacuam in apicem terminarentur. Lectulus nunc petitur, et morbi, ut timebat, majoris ab ægrotante suscipitur cura; cùm, erumpente per universam cutem madore, vix unius spatio horæ, jam totus et in integrum dissiparetur.

a gentleman,

a gentleman, liable to ſuch relapſes, was tranſmitted to me ſome time ago: it is ſtated in the patient's own words, and affords a lively deſcription of his ſufferings under the complaint.—" Ever ſince the 1ſt day of January, 1788, I have been confined to my houſe, at an average, once every fortnight or three weeks with this diſorder, ſometimes for four, five, ſix, ſeven, eight, or nine days together, ſeveral times for a fortnight or three weeks. The firſt time it attacked me, I was not ſenſible of having caught any cold, nor can I attribute it to the too free uſe of inebriating liquors, as I always have avoided much drinking.

" It began with a ſickneſs at the ſtomach, flatulence, and great oppreſſion: there was afterwards an eruption of ſmall white lumps on my hips, which increaſed to the breadth of the hand, changing to a fiery red colour, attended with an inceſſant inflammation and violent itching: I was, at the ſame time, affected with nauſea, total loſs of appetite, lowneſs of ſpirits, frequent headachs, and violent pains in the breaſt, back, and loins. The raſh came out, from the top of my head to my feet, in large diſtinct lumps, which had the appearance of the inflammation cauſed by the venom of a nettle. I tried a variety of remedies without perceiving any benefit; for the complaint returned frequently, and grew, on every attack, more troubleſome. It was always

always attended with a flushing of the face, and a slight hectic fever: it likewise occasioned great costiveness, which made me have recourse to opening medicines, but a most uncomfortable circumstance attends every evacuation, namely, a violent heat and itching in the anus, the stools leaving my body almost as if boiling water came from me. I often experience the same when free from my complaint, which greatly disturbs my rest in the night, and my peace of mind by day. When the disorder abates, I feel the pains at my breast more acute, and so they continue till the rash is totally gone.

" After an interval of eight, ten, or fourteen days, the complaint returns again, often without any obvious cause. I undertook a journey, last summer, into Wales, where I continued near six weeks; but in that time I was confined on three or four different occasions. At my return, I found myself much better in health, having gained a little flesh and spirits: I had not, however, been at home more than a fortnight, before I experienced a fresh attack, and afterwards five or six others, which became more and more serious---the pain in my breast, loins, and back, being more acute than I had ever felt it, and my appetite worse, along with a continual sickness at the stomach. The rash, which never used to appear internally, now got into

my throat, ſo as to prevent, in a great meaſure, my breathing and ſwallowing: at the ſame time my tongue was ſo much ſwelled * that I could ſcarcely move it in my mouth. During the laſt ſix weeks, by the advice of my preſent phyſician, I have refrained from malt-liquors and ſpirits, and drunk nothing but butter-milk at meals, and a glaſs or two of white wine in the evening to raiſe my ſpirits. Notwithſtanding, the complaint has twice returned ſince I adopted this mode, with the uſual pains, lowneſs of ſpirits, and a debility of my whole frame, though not to ſo violent a degree as formerly. For three weeks paſt I have had a troubleſome cough in the morning, with a ſhortneſs of breathing: theſe ſymptoms are new, and may perhaps be attributed to cold.

" In the courſe of my regimen, I have found this complaint brought on by eating an oyſter, or any rich fiſh: the ſame effect is produced from being the leaſt wet in the rain, whence I am particularly on my guard againſt theſe circumſtances."

* These circumstances were confirmed by his attending physician, the late Dr. Currie. " A Dyspnea has been, at times, very troublesome, and his swallowing somewhat obstructed, owing evidently to the same affection in the œsophagus as that on the surface, producing redness and inflammation of the fauces, and once or twice much enlargement of the tongue." " His face and extremities are likewise often swelled."

This

This gentleman was only twenty-ſeven years of age: he had employed a variety of remedies without ſucceſs. Repeated bleedings, with purgatives, and anodynes, which were at firſt preſcribed for him, proved injurious. He next tried a courſe of mercury, by rubbing mercurial ointment on the inſide of his thighs, and by taking a ſmall quantity of calomel internally; but his bowels were ſo much diſordered by this plan, that he ſoon found himſelf obliged to diſcontinue it. A bath of warm ſea-water was afterwards employed for ſome time without advantage. The only relief he ever experienced was from ſtrictly adhering to a ſoft antiphlogiſtic diet, with drinks compoſed of milk and water, whey, butter-milk, &c. which, however, did not wholly prevent returns of the diſeaſe.

2. The URTICARIA EVANIDA is without fever, and without any extenſive efflorescence on the ſkin. The eruption conſiſts ſometimes of round wheals (PL. XXV. Fig. 1.) at other times of longitudinal elevations of the ſkin (W), reſembling thoſe which are produced by the ſtroke of a whip *. They are all white at the top, but in ſome there is a ſlight redneſs at the baſe. Though often hard and elevated, they do not contain a fluid, or tend to ſuppuration. They are occaſionally ſeen

* See Medical Transactions, Vol. III. pag. 174.

on every part of the body, but they are moſt numerous on parts which are cloſely covered. The eruption appears and diſappears many times in the courſe of a day and night, according to the temperature of the air, or to the exerciſe uſed by the perſon affected. It may be excited on any part of the body, in a few ſeconds, by ſtrong friction or ſcratching, but the wheals preſently ſubſide again. A violent itching, mixed with a ſenſation of tingling or ſtinging, attends the eruption. Theſe ſenſations are moſt troubleſome to patients while they undreſs, and for ſome time after they have lain down in bed, when the eruption is uſually moſt vivid.

The diſeaſe thus continues, with repeated eruptions more or leſs extenſive, for ſeveral months, or even for years*. It occurs moſt frequently in perſons of the ſanguine temperament, eſpecially in thoſe who have a delicate ſtomach and an irritable ſkin. The occaſional cauſes are heat, fatigue, watching, agitation of mind, or anxiety and a too ſtimulating diet†.

I have obſerved that females are much more liable

* "These eruptions, in some persons, last only a few days; in others, many months. I have known several complain of them for two years, with very short intervals, and some for seven or even ten years." Dr. Heberden.

† See Van Swieten's Commentar. § 723.

to

to this complaint than males. Dr. Heberden, however, remarks, " Males and females are equally liable to the Nettle-rash: and I have observed it in all ages from childhood to decrepid old age. Constitutions tainted with strumous or harassed by rheumatic and hysteric complaints, or broken down with intemperance, palsies, and age, have all been, as far as I could judge, equally fitted for the disorder; but not more so than the soundest state of health in the vigour of life, to which all other complaints were unknown."

The last observation is, I think, incorrect. Persons affected with the Urticaria evanida may be capable of business and occasional exertion, but they are often low-spirited, and they seldom remain for twenty-four hours without some bodily uneasiness, as headach, lassitude, pain and sickness at the stomach, aching in the limbs, or an oppressive languor. A young lady, apparently healthy and strong, favoured me with an account of her sufferings, and state of feeling, under this complaint*, in the following terms:—" The rash is particularly troublesome whenever I am fatigued by too much exercise, surprized by any thing, however trifling in it's nature, pleased at any event, anxious on any subject, irritated in my temper, or exposed to damp air or a cold east wind.

* She had been affected with it nearly five years: a heart-rending affliction was the primary exciting cause of the disorder.

Every

Every night, when I change my linen, the itching is intolerable, and it does not ſubſide till I am warm in bed. I am ſubject to ſevere colds in winter; while they laſt I have little or no raſh out; and, I think, on the whole I am better in health when I have moſt raſh. I often feel a ſickneſs for a few minutes before it appears, and often a weight and tightneſs acroſs the cheſt, after dinner, which cauſes a great fluſhing in the face: perhaps I ought to obſerve I am but a moderate eater. The appearance of the raſh varies but little. It conſiſts of long red ſtripes, that look as if I had been ſcratched, white ſpots, ſometimes ſmall, at other times large, ſo as to bear ſome reſemblance to a ſcald or burn. On taking a little white wine every day for a week, I found the eruption increaſed, and all the ſymptoms aggravated; but on returning to the uſe of red wine, I was preſently relieved. Being, two ſummers ago, at the ſea-ſide, I had very little of the raſh, and in the ſucceeding winter I began to flatter myſelf it had finally diſappeared: in this reſpect I was diſappointed. I have not any other complaint, yet I am very far from being ſtrong, and feel extremely nervous. My ſpirits, however, are not amiſs: I ſleep very well, and have a tolerable appetite."

This form of Urticaria is thought to conſiſt in a morbid irritability

irritability of the ſkin, connected with a ſimilar ſtate of the ſtomach and inteſtines. It ſeems attached to particular conſtitutions, being produced, in ſome individuals, by ſubſtances which do not make any impreſſion on others. By rubbing oatmeal on the hands and wriſts, I have known the Nettle-raſh excited in perſons otherwiſe healthy, and diffuſed over the whole body, proving very troubleſome for a length of time. The ſame effect has been produced by a ſlight application of mercurial ointment. Dr. Winterbottom ſays, "A lady of my acquaintance is affected with an eruption of this kind whenever her ſkin is touched with the common wall-flower." Pag. 66. Dr. Heberden has mentioned ſeveral ſubſtances which produce this diſorder through the medium of the ſtomach, as the wild valerian root, ſhrimps, honey, and the kernels of fruits*. Pag. 184. He thinks it may often be owing to external or mechanical cauſes, ſuch as the hair of ſtinging nettles, the down ſurrounding the pods of cowhage, the fine hairs floating near the neſts of certain inſects†, and the ſpiculæ of cantharides. When the diſeaſe con-

* A woman by eating strawberries was constantly affected with Urticaria. Vogel's Handbuch, Vol. III. p. 277.

† Reaumur, Histoire des Insectes, Tom. II. Mem. 4.

tinues

tinues long without the application of external ſtimuli, we ſhall, in many caſes, find it owing to ſome article in diet, which diſturbs digeſtion. I have deſired ſeveral perſons affected with chronic Urticaria to omit firſt one, and then another accuſtomed article of food or drink, and have thus been frequently able to trace the cauſe of the ſymptoms. This appeared to be very different in different perſons. In ſome it was malt liquor; in others, ſpirit, or ſpirit and water; in ſome white wine, in others, vinegar; in ſome fruit, in others ſugar; in ſome fiſh, in others unprepared vegetables. I muſt, however, confeſs that ſeveral caſes have occurred to me, where a total alteration of diet did not produce the leaſt alleviation of the complaint. In ſuch caſes I have employed a variety of medicines, but have found the vitriolic and marine acids, with magneſia, rhubarb, or other laxatives, given occaſionally, the moſt ſucceſsful remedies. Lotions made with brandy, vinegar, ſaline compounds, &c. cannot be applied extenſively enough to produce any conſiderable effect. Baths, eſpecially warm baths*, are neceſſary for the alleviation of a diſ-

* See Amat. Lusitan, Cent. I. Curat. 15. De Menstr. suppressione, et exanthematibus per totum corpus erumpentibus. He cured his patient, a young lady, by a bath made of the decoction of red roses, myrtle, tamarisk, and balaustines, with wormwood, but he had previously bled her four times in different veins, and given strong purgatives. He encourages us to let two pints and a half of blood in all similar cases.

eaſe,

eaſe, which affects nearly the whole ſkin. Sea-bathing will be generally found advantageous by thoſe who perſevere in the uſe of it for three or four ſucceſſive months. A bath, prepared by diſſolving marine ſalt in water, is not equally efficacious; in ſome perſons it manifeſtly aggravates the diſorder.

3. URTICARIA PERSTANS. In ſome caſes of Urticaria, the wheals are ſtationary, and the redneſs, which at firſt ſurrounds them, gradually diſappears. The eruption is attended with itching, eſpecially when the perſon affected becomes warm in bed, or is heated by exerciſe. It does not extend over the body, but appears chiefly on the arms, breaſt, and thighs: it's duration is two or three weeks. Pain and ſickneſs at the ſtomach ſometimes precede the eruption. When it is about to terminate, the wheals become flat at the top, and then gradually ſubſide, leaving a reddiſh ſpot, not always ſcurfy, which continues for ſeveral days. This complaint is relieved by the mode of treatment recommended in the foregoing ſpecies of Urticaria. Moderate doſes of the aqua kali puri ſeemed, in ſome inſtances, to ſhorten the period of eruption.

4. In the URTICARIA CONFERTA, the eruption is full, and extenſively diffuſed. As the wheals in many

places coaleſce, or are indented by cloſe contact, they have very irregular forms: when they are ſingly conſidered, however, the ſize and elevation of them is perhaps leſs than in any other ſpecies of Urticaria. They are ſometimes conſiderably inflamed at the baſe, and they produce an almoſt inceſſant itching, combined, eſpecially at night, with a ſenſation of heat, and pricking or tingling. The eruption ſpreads over the arms, neck, back, and thighs, and often continues many weeks. It appears chiefly in perſons who have a dry and ſwarthy ſkin, and who are above forty years of age. I have ſeen it, in ſome, connected with pain and ſickneſs at the ſtomach, in others with head-ach or vertigo. The occaſional cauſes ſeem to be, too much exerciſe, expoſure to heat, rich or highly-ſeaſoned food, and the intemperate uſe of ſpirituous liquors.

Thoſe who are affected with this complaint, ſhould obſerve a light cooling diet, and ſhould abſtain from malt-liquor, white wines, and ſpirits. Alterative medicines or tonics are ſometimes uſeful with this plan of diet, but without it they afford little alleviation. Warm bathing affords a temporary relief. In one caſe a cure was obtained by rubbing all the parts affected with unguentum calcis hydrargyri albæ.

5. In the URTICARIA SUBCUTANEA, the eruption occurs

occurs at diſtant periods, and continues only a few days at each return; but the patient is haraſſed during the intervals, as well as during the eruptions, with a violent and almoſt conſtant tingling in the ſkin, and with other diſtreſſing ſymptoms. The complaint is, at firſt, confined to one ſpot, on the leg or arm, and commences there with a ſenſation of tingling or ſtinging, which is afterwards felt more and more extenſively, along the limbs, or perhaps over nearly the whole ſurface of the body. Sudden changes in the temperature of the air, and agitation of mind, occaſion increaſed uneaſineſs in the ſkin, ſo that pains are ſometimes felt as from a ſharp inſtrument penetrating in different directions, at other times, as from needles piercing or puſhing the ſkin upwards. There is uſually a ſtiffneſs and ſlight torpor in the muſcles of the parts moſt affected. An appearance of wheals, as deſcribed page 397, takes place on the arms, cheſt, or lower extremities, from time to time, eſpecially during the ſummer. This eruption continues two or three days; it does not effect any change in the other ſymptoms or ſenſations mentioned, but it ſeems to indicate that they may be properly arranged under the genus Urticaria.

Perſons affected with the above ſymptoms are liable to frequent returns of ſevere pain in the ſtomach, and to cramps in the muſcles of the lower extremities: they

ſeldom have any ſenſible perſpiration. In moſt of the caſes which I have ſeen or known, the complaint was partial, affecting only the loins and thighs, or ſometimes the arms. It uſually proves tedious and obſtinate; but it may be relieved by gentle friction, and by the repeated uſe of baths of warm ſea-water.

A lady (Mrs. Allen) of Milbank Row, Weſtminſter, who has laboured under this diſeaſe for a ſeries of years, favoured me with a written ſtatement of her ſufferings, from which I will make ſome quotations.

She ſays, "About a fortnight after my recovery from an autumnal fever, at the age of twenty-two, I felt in walking a pain in one ancle ſimilar to that from the ſting of a nettle. Four days afterwards I felt a ſimilar uneaſineſs in the other ancle. The ſenſation of ſtinging and tingling, attended with a weakneſs of both ancles, continued till the ſpring, when I had the Bath waters applied by bathing and pumping. From this plan I did not obtain any advantage, and was therefore recommended, during the ſummer, to bathe in the ſea. Exerciſe and the bathing preſently removed the weakneſs of the ancles; but the ſenſation of pricking, tingling, and ſtinging remained in them as before, and, in the courſe of the ſummer, gradually extended to the legs, inſteps, and toes. Two years afterwards, my ſpirits being much affected in conſequence

quence of the death of a darling brother in the Eaſt Indies, I felt the ſtinging on other parts of the body, but particularly round the loins and back; it has continued ever ſince, and I have been more diſtreſſed with it there than in any other ſituation. This part of my complaint has been attended with ſtiffneſs of the muſcles round the hips, and pain in the ſmall of the back, ſo that I could not take much exerciſe. I never had any ſtiffneſs or cramps of the arms and legs. An eruption like that from the ſting of a nettle, with large wheals as from the ſtroke of a whip, I have had, over the whole body, three times in twenty years. A ſlight or partial appearance of this kind, has occurred very frequently, and at all times of the year: the three very extenſive eruptions were in the ſummer ſeaſon, but none of them continued more than three days. At the age of twenty-ſeven, I experienced great pain and difficulty in making water, which was referred to a tumor at the neck of the bladder. This complaint gradually yielded under proper medical treatment. Some time afterwards (in the year 1780), I was ſeized with a diſorder of the bowels, which continued ſo long, that it very much reduced me. It was removed by a ſoft vegetable diet; but I had frequent fits of the colic for ſeveral years afterwards. None of the above complaints ſeemed to have any connection with the diſeaſe in the ſkin, which remained unaltered. In 1788, I was

ſuddenly affected with a violent pain in the ſide, near the ſpine. It continued ſix months, notwithſtanding the uſe of the Bath waters, and of a warm ſea-water bath, &c. but was at laſt cured by an iſſue. In March 1790, I felt my ſtomach much diſordered, had frequent nauſea, heart-burns, acid eructations, and an offenſive taſte in the mouth after eating. By taking rhubarb, and occaſional emetics, I enjoyed intervals of eaſe, without wholly removing the diſorder. It increaſed during the ſummer of 1791, and before the end of that year became ſo violent that I could not retain any ſort of food on my ſtomach. Though much weakened and emaciated, I was free from pain and fever: I ſlept well, and could eat again almoſt immediately after the vomitings. As the complaint of the ſtomach became violent, I perceived that the ſtinging and pricking in the ſkin abated. Thoſe ſenſations at length entirely ceaſed, which circumſtance contributed to put me in good ſpirits, and enabled me to bear more patiently my other ſufferings. The remedies preſcribed for me during this ſtate, did not afford much relief. At the beginning of ſummer, in 1792, I was one morning affected with more violent vomitings than any I had before experienced. When they ceaſed, I felt my ſtomach remarkably eaſy, and on the two following days I was ſo much relieved, that for the firſt time, after a long confinement, I went out

in

in a carriage to ſee a particular friend. While in her houſe, and on my return from it, I was again ſenſible of the ſtinging and pricking under the ſkin. This continued to increaſe for two or three days, when the ſickneſs and diſagreeable taſte as of rottenneſs entirely left me. I was ſoon able to eat and drink any thing, and ſeemed internally well, but I found, in addition to the outward complaint, a pain in the ſide equal to that from which I had before ſuffered ſo much. A ſeton was applied with relief. Electricity, tar-water, decoctions of ſarſaparilla and elm-bark, ſulphur powders, prepared chalk, alcali, and other remedies preſcribed by different phyſicians, were afterwards employed; they did not, however, effect any alteration in the complaint under the ſkin. I ſpent the ſummer of 1793 at Harrogate, but the ſulphur water diſagreed with my ſtomach, and diſordered me ſo much that I was obliged to deſiſt from the uſe of it. I was likewiſe obliged to ceaſe taking the medicine recommended by yourſelf * in 1795, for it ſuddenly and violently affected the ſtomach before the effect you expected was fully attained. During the laſt ten years I have not taken any active medicine, nor have had any internal complaint deſerving of notice. Time has not dimi-

* The remedy was the nitric acid. R. W.

niſhed,

niſhed, but rather adds to the ſharpneſs of the ſtings, and the ſenſation of prickling, which are exceſſively painful about the loins, and ſeem to be connected with an increaſing rigidity of the muſcles in the ſmall of the back. Theſe ſymptoms have, therefore, continued to affect me from the age of 22 to that of 60, with but one conſiderable remiſſion, purchaſed by another mode of ſuffering."

"30th Oct. 1806."

6. In the URTICARIA TUBEROSA many of the wheals increaſe to a large ſize, forming hard tuberoſities, which ſeem to extend deeply into the muſcular fleſh, and occaſion a contraction in the ſinews, with total inability of motion, and a ſenſation of pain in the bones. Theſe tumors are uſually whitiſh at their tops: they riſe on the arms, thighs, loins, and calf of the leg, and are very hot and painful for ſeveral hours. The eruption, in all caſes under my obſervation, took place at night, and before morning it wholly diſappeared, leaving the patient weak, languid, and ſore, as if he had been bruiſed, or had undergone much fatigue.

The Urticaria tuberoſa often proves tedious and obſtinate; I have known it continue, as above deſcribed, upwards

upwards of two years, with but a few ſhort intervals. The only cauſes to which it could with probability be attributed, in the inſtances preſented to me, were irregularities in diet, violent exerciſe taken by perſons uſually ſedentary, and the too free uſe of ſpirituous liquors.

I have adopted Dr. Frank's denomination of this complaint, and will ſubjoin one of his caſes, which, however, differs in ſome particulars from the above ſtatement. Adoleſcens viginti annorum, crapulis non parùm deditus, a prandio corripitur nauſeâ et vertigine tenebricoſâ. Intumeſcit mox, rubroque colore ſuffunditur facies; tumores verò palmæ latitudinem habentes, et colore rubro ſed obſcuro inſtructi, cum pruritu ad animi deliquium uſque intolerabili, univerſam corporis, ſed femorum in primis, ſuperficiem occupare cernuntur. Accedit horror, ac demùm rigor, extremitates potiſſimùm inferiores violenter concutiens, ſub quo exanthemata in altas, et ſuperficiem longè ac latè ſuperantes, ſeu informes offas, increſcunt. Pulſus nunc duri et pleni obſervantur, mortiſque ægrotantem conſternit formido. Ad noctem, ſubſequitur calor, ſub quo vix formati ad cutem tumores imminuuntur, ac tandèm, reliquo tamen ad vultum rubore ac univerſali pruritu, penitùs evaneſcunt. Aſt verò

eorumdem mox locum exanthema aſperrimum, digitoſque ſub attactu vix non offendens, miliaribus ferè ſimile, ſed nigro ad apicem puncto inſignitum ac pellucidum, ſubintrat. Hoc facto, imminuitur anxietas, oriſque ſumma comparet amarities. Die morbi ſecundâ, purgante alvus medicinâ laxatur, quâ occaſione, ægroto lectum cum frigidiore aurâ commutante, poſterius hoc exanthema iterùm diſparet, ac primi denuò ad cutem revertuntur tumores. Alterna hæc exanthematis effloreſcentia eodem per ſex dies tenore continuatur, quo tempore, ſectâ adinterim venâ, et antiphlogiſticis et evacuantibus ægrotanti porrectis remediis, ægritudo diſparuit omnis. Frank de cur. homin. morb. Tom. II. p. 108.

Hippocrates, Galen, and Aëtius*, have only mentioned the appearance of wheals as ſymptomatic in bilious

* Hippocrates speaks of "Exanthemata, resembling gnat-bites, or bug-bites," Epidem. Lib. V. & L. VII. and Galen. Comment.—"of large, or broad, less itching, Exanthemata," Aph. 9. Sect. VI. and of πομφοι ὡς απο κνιδης: De Morb. Mul. Lib. II. Compare Actuar. Med. L. II. cap. 23. and Celsus De Medicin. Lib. V. cap. 28, &c. &c. Aëtius has been more particular, in a chapter on the different kinds of Exanthemata which take place in fevers. Tetrab. II. Serm. I. cap. 129. Herodoti. This is the famous chapter in which some physicians have been ingenious enough to find a complete history of the Small-pox. Aëtius gives from Herodotus the following account of the symptomatic Nettle-rash in ardent fevers:

Γιγνεται

lious fevers, and other acute diſeaſes. J. F. Serapion*, and Alſaharavius†, ſeem to comprize the Nettle-raſh with the Prurigo, the Lichen, and the Roſeola, under the title Eſſera. Avicenna's account of the Benat Alleili‡ (daughters of the night) ſeems applicable to the Nettle-raſh. He ſays, "When any one has a ſtoppage of the pores, but with good digeſtion, he is often affected, in the cool of the night, with itching, roughneſs of the skin, and ſmall eruptions (bothor, wheals or papulæ), which are called Benat Alleili. The cause

Γιγνεῖαι δε ποτε εξανθημαῖα μεγαλα, κατα χροιαν λευκα, κνησμον ολιγον επιφεροντα, πλεοναζονῖα εν τε μηροις, και γλῶτοις, πλευραις τε και επιγασῖριοις, ὡς επι το πλειςον· την δε καταρχην εκ πολλης και αργης ὑλης λαμβανει· ταυτα δε συνθεραπευεῖαι τω παντι σωματι, ουδε γαρ πανυ τι χαλεπην υπογραφει νοσον, ει τη ολιγοσῖια χρησῖαι. Γιγνομενων δε των καῖα ταυτα πυρεῖων εγκαυσῖικων, επιληδειως εχουσι προς τας εν ταις ακμαις των επισημασιων ψυχροδοσιας, ακμαζοντος τε νοσηματος, ει μη τα σπλαγχνα ευπαθη εχοιεν. Aldus, 1534.

* Breviar, Lib. V. cap. 5.

† Pract. Tr. XXXI. cap. 8. Compara Avicenna, Lib. IV. page 116.

‡ Lib. IV. Fen. vii. Tract. iii. cap. 10. "The translator of Avicenna denominates this complaint Nebat alleili, plants of the night; but my Arabic copy acknowledges only the reading Benat alléili, daughters or offspring of the night, a mode of expression usual in the Arabic and Syrian languages. I may here observe, that the Latin translation of Avicenna, published in 1608, seems to have been made from a copy less correct than the edition of his works printed at Rome in the year 1593." Dr. Robert Jackson.

of it is obſtructed perſpiration, from a want of permeability in the ſkin, increaſed by the condenſing operation of cold air at night, when the digeſtive proceſs is moſt active, and when perſpiration ſhould therefore be moſt copious. In this diſeaſe, the itching is violent: it affords, at firſt, a ſenſation of pleaſure, but this is ſoon ſucceeded by ſevere pains in the parts affected."

The Neapolitan phyſician, Ingraſſia, appears to be the only medical writer, for four or five centuries after the time of Avicenna, who has ſuggeſted any thing new on the ſubject of Urticaria*.

* Firmiter tenemus Arabas præscripto nomine (Esseras) eum affectum intelligere, quem nos in Siciliâ vulgò dicimus Scotulum, nonnulli verò pilum cervinum.—Florentiæ (ut Nicolaus ait) Artetica ab idiotis, vocatur, quin, communissimâ nostrorum omnium idiomatum comparatione, fabescere corpus dicimus, vulgò farse fave, quippe tuberculis fabarum sæpenumerò magnitudine paullòve majoribus, aut minoribus, universum corpus, quasi ex improviso nonnunquam, præcipuè in æstate, circumvenitur, perindè ac si a vespis undique demorsus esset, vel sæviori quâvis urticâ perfrictæ carnes ejus extitissent. Qui quidem affectus ex biliosi sanguinis fervore, magnâ ex parte, advenire consuevit, &c. &c. De Tum: præt: nat: pag. 188.

ORDER

ORDER III.

IV. ROSEOLA.

BY this title I mean to expreſs a roſe-coloured efflorescence, variouſly figured, without wheals or papulæ, and not contagious. The Roſeola* can ſcarcely be conſidered as idiopathic, but though connected with different fevers, and perhaps with different ſtates of the conſtitution, it requires notice in an arrangement of cutaneous appearances. I will, therefore, deſcribe it's principal varieties under the denominations, Roſeola æſtiva, Roſeola autumnalis, Roſeola annulata, Roſeola infantilis, Roſeola varioloſa, Roſeola vaccina, Roſeola miliaris.

1. The ROSEOLA ÆSTIVA is ſometimes preceded by chilline ſs alternating with fluſhes of heat, by ſlight pains in the head and limbs, faintneſs, laſſitude, reſtleſſneſs,

* I use this term arbitrarily. A few writers have employed it instead of Rossalia (pag. 289.) which denotes the Scarlatina. The Roseola mentioned by Severinus, Lib. VII. De reconditâ abcessorum naturâ, is left indefinite. Quæst. V.

and

and incapacity of close attention. The rash appears on the third, fourth, fifth, sixth, or seventh day after the commencement of these symptoms. It is distributed first on the face and neck, and afterwards, in the course of a day or two, over the whole body. The form of the rash, and the mode of it's distribution, which cannot be well described in words, is represented PL. XXVI. Fig. 1. On examination, the patches generally will be found larger and more irregular than in the Measles. They are at first red, but they soon assume the deep roseate hue peculiar to this complaint. The fauces are tinged with the same colour, and a slight roughness, or enlargement of the tonsils, is felt in swallowing. The efflorescence usually appears first in the evening or night, and continues vivid through the following day. It produces a considerable degree of itching and tingling, especially on the arms. On the fourth day, only slight specks, of a dark red colour, are perceptible: these wholly disappear on the fifth day, and with them the internal disorder.

Such, in particular instances, is the uniform course of the Roseola. In many cases, however, the rash is partial, affecting only the face, neck, and shoulders. It is more especially diffused over the forehead, along the spine of the lower jaw, on the upper part of the breast and shoulders, and round the neck, in patches slightly

ſlightly raiſed above the ſurface. The cheeks are tumefied and fluſhed with a dark red colour. A conſiderable itching is felt in the parts affected. The duration of the complaint, in this form, is at leaſt a week, the raſh appearing and diſappearing ſeveral times within that period. It's retroceſſion is uſually attended with nauſea, pain in the ſtomach, headach, and faintneſs. Theſe ſymptoms are immediately relieved when the eruption appears again: it ſometimes returns without any apparent cauſe, at other times, in conſequence of ſudden emotions, or from taking wine, aromatics, warm liquors, &c.

The Roſeola, as above deſcribed, usually occurs in ſummer, and affects women of an irritable conſtitution. The occaſional cauſes of it are, fatigue, ſudden alternations of heat and cold, or the drinking of very cold water after ſtrong exercise: it was referred by one lady, whom I attended, to her having ſlept in a damp bed. I have obſerved this efflorescence in perſons affected with dyſenteric complaints, or other diſorders of the bowels, in the months of July and Auguſt.

The Roſeola æſtiva, on the firſt day of eruption, is often miſtaken for the Meaſles, but it's colour, and the mode of it's diſtribution, with the concomitant ſymptoms on the ſecond day, muſt remove every doubt from

from the mind of an attentive practitioner. All practitioners, however, are not ſufficiently attentive, ſo that a further miſtake has been ſometimes made by confounding the Roſeola æſtiva with Scarlatina. I recollect an inſtance of this in the caſe of a child, who was affected with an extensive efflorescence, about midſummer, for ſeveral ſucceſſive years. The attending phyſician informed the parents that the Scarlet fever had recurred, in their child, ſeven times.

We ſhall generally find the ſymptoms connected with the Roſeola æſtiva alleviated by moderate diet, and by the uſe of acidulated drinks, with occaſional laxatives. The complaint is only dangerous when, in conſequence of expoſure to very chill air or of the application of cold water, the eruption has been ſuddenly repelled, and violent diſorder has taken place in the head, ſtomach, or bowels, of the patient, as happens, under ſimilar circumſtances, in other eruptive diſeaſes: page 20, 221, &c.

2. Roseola autumnalis. I have frequently ſeen children from five to ten years of age, affected with this complaint in autumn. Diſtinct patches of efflorescence appear in the ſkin without occaſioning any elevation of the cuticle. They have an oval, or nearly circular ſhape, and they gradually increaſe to about

about the ſize of a ſhilling. Their hue is very dark, ſo that, at a diſtance, the ſkin appears as if ſtained with the juice of black cherries or mulberries, (See PL. XXVI. Fig. 2.). The eruption is not accompanied with much itching or tingling, nor is there any ſymptom of general diſorder, except a whiteneſs of the tongue. The dark roſe-coloured patches are uſually diffuſed over the arms, ſeldom on the face and body; they diſappear in about a week, being ſometimes, but not always, ſucceeded by deſquamation*.

This complaint is generally removed in a ſhort time by the exhibition of the vitriolic acid internally.

3. The ROSEOLA ANNULATA appears in roſe-coloured rings, with central areas of the uſual colour of the ſkin. On the firſt and ſecond days of this efflorescence, the rings are minute like thoſe marked A.A. in PL. XXVII. Fig. 1. but they afterwards gradually dilate, and form larger central ſpaces, in the order marked B. B. C. C. and E.—I have ſometimes ſeen them nearly half an inch in diameter. The eruption takes place on almoſt every part of the ſurface of the body, and produces, eſpecially at night, a ſenſation

* M A. Severinus, pag. 137, mentions Roseolas colore livescente et opaco.—Sauvages probably comprizes the Roseola autumnalis, and some other forms of Roseola, under the genera, Psydracium, and Essera.

of heat, and of itching, or prickling: It appears likewiſe to affect the throat. It's duration is very uncertain*: in ſome caſes, it commences with ſhiverings, ſucceeded by heat, and is attended with head-ach, fluſhing of the face, ſickneſs at the ſtomach, and pains in the limbs: it then continues four or five days, and diſappears as the febrile ſymptoms decline. In other caſes, which are without fever, the complaint is of long duration: the efflorescence uſually fades in the morning, and returns in the evening or night, the rings becoming vivid, and ſometimes a little elevated. Should the rings diſappear, or be very faint in colour for ſeveral ſucceſſive days, the patient is affected with pain in the ſtomach, ſickneſs, vomiting of bile, great languor, giddineſs, and aching in the limbs. Theſe ſymptoms are alleviated, or removed, by the uſe of the warm bath, after which, the efflorescence generally returns. I have ſeen much advantage derived, in this complaint, from ſea-bathing, and from ſome of the mineral acids taken internally.

A ſingular caſe of the Roſeola annulata was preſented to my obſervation, in June, 1805, through Dr. W. Currie of Cheſter, from whom I have ſince received the following particulars. "The eruption on Mrs. —— has always appeared in the circular form, and affected every part of the ſkin, being attended

* Two, three, or four months in different cases.

with

with heat and a very troubleſome itching. It came on every night as ſoon as ſhe was warm in bed, and continued to torment her till morning; but it conſtantly left her on getting out of bed and dreſſing herſelf. She was only affected with it, in the day, by expoſing herſelf to great heat, or by going into crowded rooms. —This diſorder began in the month of March, 1804: it increaſed during the ſummer, but when the cold weather of autumn ſet in, it's violence gradually abated, and, about the beginning of October, it diſappeared. She remained free from eruption through the whole winter. In March 1805, it again made it's appearance, and continued, as in the former year, to torment her during the ſummer, but diſappeared, as before, in the firſt week of October. The eruption returned laſt March (1806), and proceeded, as uſual, in the early part of the ſummer: it diſappeared, however, in July, ſince which time ſhe has been wholly free from it, and has enjoyed perfect health." "The vernal attacks of this complaint were preceded by diarrhœa, with pain and griping in the bowels. She eats moderately of plain food, has a good appetite, and never experienced ſymptoms of indigeſtion. Her drink, at meals, is water, with one or two glaſſes of wine. She is of a gouty family, and was, ſome years ago, ſubject to repeated and ſevere pains in the ſtomach, and to violent head-achs; but theſe complaints do not ſeem to have been connected with the

eruption. Perhaps ſome irritation in the bowels was the original exciting cauſe of the efflorescence, which might be afterwards ſupported by the ſtimulus of heat.

"According to my patient's account, a bath of moderate temperature was the only remedy productive of benefit, and that benefit, ſhe ſays, was but temporary. If another ſimilar caſe ſhould occur to me, I would make trial of a tepid or perhaps a cold bath, with gentle laxatives, and ſmall doſes of the Aqua Kali puri, in lime-water."

In two females, whom I attended, this complaint was connected with an irregular ſtate of the Catamenia. In a man between 40 and 50 years of age, the eruption twice ſucceeded to a ſevere fit of the Gout, and continued ſome weeks.—An efflorescence, ſimilar to the Roſeola annulata, occaſionally precedes the eruption of puſtules, or the formation of ſcaly patches, in the Venereal diſeaſe, as was formerly noticed under the article Pſoriasis gyrata. No material difficulty in medical practice will occur from this circumſtance, which is connected with, or immediately ſucceeded by ſome of the characteriſtics of Syphilis.

4. ROSEOLA INFANTILIS. Infants, during dentition, and in fevers, or in diſorders of the bowels, are often

affected with a raſh, ſimilar to that exhibited PL. XXVI. Fig. 1. but uſually cloſer and fuller, ſo as to leave very ſmall interſtices, PL. XXVII. Fig. 2. This effloreſcence continues, in ſome caſes, for a night; in other caſes, it appears and diſappears for ſeveral ſucceſſive days, being attended with ſymptoms of violent irritation. I have ſeen, even in infants but a few days old, an effloreſcence on different parts, in numerous coaleſcing patches, rounded, though not exactly circular, of about the ſize of a ſixpence, and of a ſtrong red colour. Theſe continue five, ſix, or eight days, with a ſlight elevation of the cuticle, and terminate by deſquamation. They are not always attended with diſorder of the conſtitution*.—There appears occaſionally during the firſt ſtage of dentition, a ſingle patch of effloreſcence on one arm, or neck†. It remains three

* "Infants, as early as the second or third day after birth, are sometimes covered over with a red rash, in small patches raised a little above the skin, and very much resembling the Measles. The rash continues out two days, turns brown on the third, and goes off with a slight desquamation: it is not accompanied with catarrhal symptoms, nor with any apparent disorder of the constitution."

"This efflorescence differs from that you have described: I never saw it continue longer than till the third day."

Dr. John Sims.

† Roseolas intelligo bifariàm,—vel quod rosarum imaginem præ se ferunt, vel quod rosidas quasdam inspersiones repræsentant. Severin. de Roseolis saltantibus, pag. 133.—Roseolæ cutem supremam lambentes, et efflorescentes, macularum modo, &c. pag. 137.

or

or four days, then diſappears, and is in a ſhort time ſucceeded by another, perhaps on the oppoſite arm. This fades and diſappears in about the ſame period, when a freſh patch riſes in another place. The eruption is thus continued for two or three weeks.

We muſt arrange under the article Roſeola, two forms of Raſh, noticed in infants by Dr. Underwood*, "The one," he ſays, "ſlight, and preceded by ſickneſs at the ſtomach, but without fever,—the other extended in larger patches, and preceded by ſickneſs, purging, pain, and a little fever, the whole ſubſiding on the appearance of the Raſh, which therefore ſeemed to be critical, or at leaſt, like ſome other eruptions, conſecutive to convaleſcence."

Theſe appearances, as Dr. U. has obſerved, are often miſtaken for the Meaſles and Scarlatina. They ſhould on that account be well known to medical practitioners, although they do not require a ſpecific mode of treatment, but uſually diſappear on the uſe of remedies calculated to alleviate painful dentition, or thoſe diſorders of the bowels, with which the Roſeola is ſo frequently connected.

5. The Roseola variolosa occurs during the eruptive fever of both the natural and inoculated Small-

* Treatise on the Diseases of Children, Vol. I. pag. 87-9.

pox.

pox. It appears in about one caſe of fifteen*, in the inoculated Small-pox, on the ſecond day of the eruptive fever, which is generally the ninth or tenth after inoculation. The effloreſcence is firſt obſervable on the arms, breaſt, and face: on the following day, it extends over the trunk of the body and the extremities. In ſome caſes it ſpreads into contiguous arches, as repreſented PL. XXVIII. Fig. 1. in others, it is in longitudinal, irregular patches, Fig. 2. with ſmall diſtinct dots in-

* In 346 patients inoculated with Variolous matter, at the Small-pox Hospital, between the 7th of October and the 28th of December, 1806, an efflorescence took place, and continued two or three days, as follows:

In 4	on the 8th and 9th days.
3	8th, 9th, and 10th.
6	9th and 10th.
1	9th, 10th, and 11th.
2	9th, 10th 11th, and 12th.
1	10th, 11th, and 12th.
5	10th and 11th.
1	15th and 16th.

23 in 346, or 1 in 15 nearly.

In the last case, the rash appeared on the third day of the Variolous eruption, being perhaps the effect of dentition.

Mr. Wachsel, the Resident at the Hospital, who favoured me with the above table, thinks the Variolous eruption may be generally distinguished, in minute pimples among the patches of efflorescence, at it's first appearance.

termixed,

termixed, B. B. B. and, in a few caſes, all theſe appearances being combined, it forms an almoſt continuous redneſs over the body. Several parts of the raſh are a little elevated above the ſurface, as in the Meaſles; pag. 218.

On the ſecond or third day of the efflorefcence, diſtinct Variolous puſtules, containing a little fluid, may be diſtinguiſhed in the general redneſs by their rounded elevation, by their hardneſs, and by the whiteneſs of their tops; S. S. S. Fig. 1. The raſh then begins to decline, and we ſeldom find any veſtiges of it on the fourth day.

The Roſeola varioloſa is accounted by inoculators a certain prognoſtic of a ſmall and favourable eruption of the Small-pox. It takes place chiefly in perſons who have a delicate ſtomach, and an irritable ſkin. Thus Baron Dimſdale obſerves, if "a raſh of this kind happen during the preparation, (by mercurial and antimonial medicines) it is apt to return at the time of the eruption of the Small-pox."

He ſays further, "If it ſhews itſelf on the ſkin partially, and here and there, it is not very alarming, and ſoon wears off. But ſometimes the whole ſurface of the ſkin is covered with a raſh intimately mixed with the

the Variolous eruption, and ſo much reſembling the moſt malignant kind of confluent Small-pox, as ſcarcely to be diſtinguiſhed from it; and, indeed, ſome caſes of this ſort have happened, where, being accompanied with petechiæ and livid ſpots, I have been much alarmed..... The real and eſſential difference is to be gathered from the concomitant ſymptoms. In the eryſipelatous or variolous raſh, there is not ſo much fever, nor is the reſtleſſneſs, or pain of the head or loins, ſo conſiderable, neither is there that general proſtration of ſtrength, which are almoſt never-failing attendants on a confluent Small-pox, eſpecially when accompanied with ſuch putrid appearances. Beſides, upon a careful examination, there may ſometimes be a few diſtinct puſtules, larger than the reſt, mixed with the Raſh, which are indeed the real Small-pox.—After two or three days, the ſkin from a florid changes to a duſky colour, a few puſtules remain, which advance properly to maturation, without any further trouble enſuing from this formidable appearance*".

Inoculators, about the middle of the laſt century, being apprehenſive of the retroceſſion or repulſion of the Roſeola varioloſa, confined perſons affected with

* Present Method of inoculating for the Small-pox, pag. 44-5, fifth edit. 1769.

it to bed, and preſcribed ſudorific medicines. By this practice, the efflorescence was prolonged, but the ſucceeding eruption of ſmall-pox is ſaid to have been generally favourable*. Baron Dimsdale adviſes that "patients, during the efflorescence, ſhould refrain from cold water, or any thing cold, and ſhould keep within doors, but not go to bed." "If any ſickneſs yet remains," he ſays, "a little white-wine whey, or other cordial ſhould be given."—This raſh, ſo far as I have obſerved, is not eaſily repelled either by drinking cold liquors, or by expoſure to cold air. I have ſeen children, who were covered with it, taken out during ſevere weather, and kept in the open air for ſeveral hours, without the leaſt detriment. At the Inoculation Hoſpital, perſons affected with the Roſeola varioloſa walk about the garden daily, take purgatives, and are treated in every reſpect like the other patients. Out-patients, with the raſh upon them, are likewiſe conveyed thither, on the days of attendance, in all ſeaſons of the year, without inconvenience.

In a child inoculated by Mr. Wachsel, the Variolous Fever, and the efflorescence, took place at the uſual time, without any eruption of puſtules. Mr. W. fa-

* Account of the Preparation and Management necessary to Inoculation; by James Burges, 1754, pag. 24.—Compare Kirkpatrick's Analysis, pag. 335.

voured

voured me with the following particulars relative to this caſe: "The child was inoculated with ſmall-pox matter, September 2d, 1805. On the 11th, ſhe was indiſpoſed, and the inoculated part was ſurrounded with ſmall confluent puſtules. The raſh appeared on the 13th of September, and gradually extended over the body*. She was very feveriſh in the night of the 13th, and throughout the following day. The raſh continued ſtrong till the 17th; it declined on the 18th and 19th, and diſappeared on the 20th of September. This girl has not ſince taken the Small-pox."—From theſe and other ſimilar obſervations, we may infer, that in many of the inſtances where perſons have been ſuppoſed incapable of receiving the variolous infection†, the diſeaſe had actually taken place, though not in it's uſual form.

In the natural Small-pox, I have occaſionally obſerved an appearance of the Roſeola varioloſa, (PL. XXVIII. Fig. 1.) on the third or fourth day, with ſlight fever, and with a ſmall and favourable eruption of puſtules; but I am informed by thoſe who muſt have had better opportunities of obſerving than myſelf, that this appearance is much more rare in the natural

* This efflorescence nearly resembled that represented PL. XXVIII. Fig. 2.

† See Woodville, on Inoculation.

than in the inoculated Small-pox.—When an univerſal efflorescence of a dark red colour takes place, with a violent eruptive fever, immediately before the Variolous puſtules*, we have reaſon to expect a confluent eruption, and a fatal termination of the diſeaſe†.

The

* Variolæ confluentes nunc Erysipelatis ritu, nunc Morbillorum, erumpunt, a quibus, non nisi a medico in his morbis versatissimo, distinguuntur, saltem quoad faciem externam. Sydenham, pag. 99.

Universa cutis, in instanti quasi, rubedine saturatâ et profundâ perfusa, erysipelatosi tumoris ad instar, (maculis nigris hic illic interspersis) cum æquali superficie quadantenùs crassescit; quam quidem erysipelatosam rubedinem cutis per triduum eruptionis integrum retinet. Morton De Variolis, pag. 169 and 451. Compare Burserius, Instit. Med. Pract. vol. II. pag. 195.

"In every bad kind of Small-pox, the eruption is ushered in by a Scarlet Rash, which appears first upon the face, neck, and breast; and sometimes spreads over the whole body. It is observed some part of the second day, and within twelve hours, sooner or later, the pimples rise from these inflamed parts of the skin." Dr. Robert Walker's Inquiry into the Small-pox, &c. pag. 132. Edinburgh, 1790.

† Efflorescentia confluens, et ubique rubedine saturatâ, more febris scarlatinæ vel erysipelatosæ, universam ferè cutim perfundens, cum petechiis intermixtis, mortem ultrà secundum maturationis diem, nullâ medicorum arte posse protelari significat. Morton, pag. 186.

Cas. 36. Efflorescentia plana, continua, sublurida, die 2^do.

Cas. 37. Tota facies efflorescentiâ coccineâ æquali perfundebatur, die 2^do.

Cas. 38. Efflorescentia æqualis, continua, atque intensè rubra, sine pustulis notabilibus, die 3^tio.

Cas.

The ſcattered efflioreſcence, which attends the eruption of the Small-pox, after inoculation, and which appears in ſome caſes of the diſtinct natural Small-pox, has, by ſeveral medical authors and practitioners, been conſidered as a coincidence of the Meaſles and Small-pox, in which the latter overpowered the former. Thus Rhazes ſays, "Aliquando apparent Variolæ ſimiles Blactiis (morbillis), et aliquis medicus dixit quod Blactiæ vertuntur in Variolas*." De Haen is nearly of the ſame opinion. "Quo tempore uterque hic morbus graſſatur, fit ut alterum sive integrè ſive ferè curatum alter ſequatur, imò ut ambo ſimul eodem in ſubjecto efflioreſcant."—"Puerulus anni unius 22° Maii 1748, Febre morbilloſâ corripiebatur, et die 25° Morbilli prodiere, ſed brevi adeò conferti ut nunquam magis. Verùm circà os, puſtulæ minimæ, inſtar naſcentium Variolarum, comparuere. Die 26° inter denſiſſimos Morbillos, toto corpore diffuſos, duodecim Variolæ in facie, binæque utrâque in manu, prodiere, foveam in medio habentes, albidiores, ac circulo rubro in ambitu ornatæ†."

Cas. 39. Animadverti universam cutem efflorescentiâ continuâ et planâ, intensè rubrâ, non scarlatinâ, verùm, quasi levi et plano erysipelate perfusam, maculis rubris minoribus, et nigris majoribus, per totum pectus sparsis, die 4^to^. pag. 446, 451.

* Continent: lib. XVIII. cap. 8. Interprete Feragio.

† Theses sist: Febr: divisiones, pag. 107. Compare the observations, in his Ratio Medend. part II. pag. 115, 116, 117.

6. Roseola

6. ROSEOLA VACCINA. This efflorescence is sometimes diffuse like the Variolous rash, but it appears generally in congeries of dots and small patches, a little elevated, as shewn in PL. XXVIII. Fig. 3.—It takes place in some children, especially in those who have a very irritable skin, on the ninth or tenth day of the Vaccination, about the same time that the red areola is formed round the Vesicle, at the place of inoculation: from thence it spreads irregularly over the whole surface of the body*. I do not remember to have seen this efflorescence continue vivid for more than forty-eight hours. It is usually attended with a very quick pulse, a white tongue, and great restlessness. Some inoculators attach little importance to it; others think it a favourable circumstance in Vaccination, as denoting that the skin and constitution have been fully affected. It is not nearly so frequent as the efflorescence after Variolous inoculation†.

7. The ROSEOLA MILIARIS is an efflorescence which often attends an eruption of miliary Vesicles with fe-

* See Dr. Pearson's Report on the Cow-pock Inoculation, in 1800-1-2, and Mr. G. Bell, on the Cow-pox, pag. 52.

† "The appearance you mention is extremely rare. My notes do not furnish me with an instance of it, nor do I recollect, in any case, more than one or two slight patches of redness, which very soon disappeared. However, I do not, in the country, usually see the children vaccinated, after the 8th day."

DR. JENNER.

ver.

ver. I ſhall have occaſion to make ſome remarks on it hereafter, under the genus Miliaria.

In the Typhus, or Contagious malignant Fever, an efflореſcence alſo takes place occaſionally, reſembling, in it's diſtribution, the ſpecimen of Roſeola, exhibited PL. XXVI. Fig. 1.—but of a darker hue. I obſerved ſuch a raſh on the fifteenth day, in one caſe of fever, which terminated on the ſeventeenth day. In other caſes, it precedes the formation of purple ſpots and vibices, and, in others, it is ſeen early in the diſeaſe, but remains only for a ſhort time, without any material conſequences.

*** On printing off the firſt ſheets of the third Order, I announced a new generic diſtinction termed Iris, having ſeen, in a few cases, what appeared to be efflorescences, conſiſting each of four concentric rings, of different colours, with a yellowiſh central ſpeck. From ſimilar cases, lately preſented to my obſervation by Dr. Cholmeley, and other medical practitioners, I have aſcertained that the central ſpeck is a Veſicle, (Def. X.) and that one of the rings is Veſicular; I muſt, therefore, according to my own arrangement, tranſfer this ſingular affection to the genus Herpes.

ORDER III.

V. PURPURA.

THE title Purpura, or Efflorescentia purpurata, has been applied to papulous eruptions on the skin, to different forms of Rashes*, and to the purple eruption which often occurs in malignant Fèvers†. Riverius is, I believe, the first author who makes a distinction between Purpura and petechial Fevers: he observes, Nullum dari signum harum febrium verè pathognomonicum,—nedum bubonem, aut carbunculum, in verè pestilenti,—neque maculas purpureas in Febre malignâ, quamvis illa a pluribus medicis purpurata nominetur;

* To the Red-gum, by Etmuller:

To the Scarlatina, by Schultzius and Juncker; and in the Ephemerides Act. Nat. Cur. &c:

To the Measles, by Hafenreffer, II. 4. and Morton, Pyretolog. Appendix:

To the Miliaria, Lichen, and Nettle Rash, by Juncker, Hoffman, &c. and in Act. Nat. Cur.

† Sennertus, Lib. V. Porchon, Traitè du Pourpre, a Paris, 1688. Sauvages, Nos. Med. &c.

cum

cum in multis eâ laborantibus nusquam compareant; et interdum erumpere ſoleant in mulieribus menſium ſuppreſſionem patientibus, et in nonnullis pueris ob levem quandam ſanguinis ebullitionem nullâ tamen apparente febre; quod nobis in utriſque non rarò videre licuit*.

With Riverius and ſome other authors, I propoſe to expreſs by the term PURPURA an efflorescence conſiſting of ſmall, diſtinct, purple ſpecks and patches, attended with general debility, but not always with fever.—Three ſtriking varieties of the complaint thus defined may be denominated, Purpura ſimplex, Purpura hæmorrhagica, and Purpura urticans, no one of which is contagious.

1. The PURPURA SIMPLEX is characterized by an appearance of petechiæ (DEF. IV.) without much diſorder of the conſtitution. The petechiæ are diffuſed chiefly over the arms, legs, breast, and abdomen. They are largest on the legs, though ſeldom confluent. In PL. XXIX. Fig. 1. they are exhibited of their uſual ſize and colour; but the eruption of them was fuller in the caſe of the boy, from whom the drawing was made, than in any other inſtance I have ſeen. Flea-

* Prax. Med. XVII. 1. Compare Foresti, Lib. VI. Obs. 59, 60.

bites may be diſtinguiſhed from petechiæ, PL. XXX. Fig. 2. by the dark central ſpeck which the inſect makes with it's proboſcis: ſee Fig. 3.—In ſome caſes, a general red efflorescence takes place, for a day or two, before the appearance of petechiæ.

The Purpura ſimplex is attended with paleneſs, languor, debility, and pain in the limbs. It chiefly affects women, and children, eſpecially thoſe who are much confined, and whoſe food is not ſufficiently nutritious. A cure is ſoon accompliſhed, in ſuch caſes, by proper diet and regular exerciſe.

1. The PURPURA HÆMORRHAGICA is attended with hæmorrhage, anaſarcous ſwellings, and vibices. Some weeks before this diſeaſe is fully formed, patients are affected with laſſitude, faintneſs, and pains in the limbs, which render them unfit either for buſineſs or ſociety. In ſome caſes, the eruption is more immediately preceded by ſhiverings, nauſea, vomiting, and acute pain. The petechiæ, or purple ſpots, appear firſt on the legs, and at uncertain periods afterwards, on the thighs, arms, and trunk of the body, the hands and face being generally free from them. They are, however, numerous on the tonſils, uvula, palate, gums, tongue, and inſide of the cheeks and lips.

lips. In theſe ſituations, they are ſometimes raiſed or papulated, and diſcharge blood on the ſlighteſt preſſure. The colour of thoſe on the ſurface of the body is at firſt a bright red, but it ſoon becomes purple or livid. The cuticle over them appears ſmooth and ſhining, but is not ſenſibly elevated. Though of very different ſizes, they have all nearly a circular form; PL. XXIX. Fig. 2. Sometimes they are few, and diſtinct, ſometimes numerous and coherent; they are ſometimes diſtributed uniformly over the ſurface of the body, and ſometimes in irregular cluſters.—Many of the patches diſappear in a week or two, while freſh ones ariſe in other places. They are largeſt and moſt vivid, in the evening or night: during the day they are ſmaller, and of a yellowiſh hue. In the greater number of caſes, they are interſperſed with vibices or livid patches reſembling the effects of a violent bruiſe*. See PL. XXIX. Fig. 2. B. B. B.

The hæmorrhage which attends this complaint is at firſt profuſe, and cannot be easily reſtrained: in ſome

* "Blood is extravasated under the cuticle, and the vessels on the surface become so tender that the slightest scratch, or bruise, or even pressure, produces a rupture of them." Dr. Duncan's Annals of Medicine, for 1799, pag. 235.

caſes, it returns every day, at a ſtated hour. It takes place from the noſtrils, fauces, gums, inſides of the lips and cheeks, or from the tongue, often from the lungs, ſtomach, or inteſtines, or from the uterus, even in women of an advanced age. The hæmorrhage ſometimes begins a few days before the eruption, ſometimes after it, and ſometimes on the ſame day with the eruption. After a week or two, the hæmorrhage becomes leſs violent, and does not return ſo frequently. When the diſcharge of blood is from the gums and mouth, the purple ſpots on the ſurface are very numerous, and of a ſmaller ſize than uſual; under theſe circumſtances, the fauces, gums, and tongue, ſometimes appear livid and tumefied.

This complaint is attended with extreme debility, and depreſſion of ſpirits: the pulſe is generally weak and frequent. Febrile paroxyſms, like thoſe of a hectic or remittent Fever, occur at intervals.—A woman, aged 57, had, every evening, from ſix to ten o'clock, repeated ſhiverings, with pain and coldneſs of the lower extremities, which ſymptoms were ſucceeded by heat, and a moderate degree of perſpiration. This patient was affected with the ſhivering-fits, with purple eruptions over the body, and with frequent menorrhagia, for upwards of nine months. In other caſes, heat of the ſkin, and acute pains in the limbs

limbs are felt every night, without the ſhiverings. When the diſeaſe has continued for ſome time, anaſarcous ſwellings take place firſt in the ancles, and afterwards in the thighs, body, arms, cheeks, and eyelids. There is uſually at the ſame time great coldneſs of the lower extremities, with ſallowneſs of the complexion, and general emaciation.

The Purpura hæmorrhagica has not any regular, or ſtated termination. It was protracted, in the caſes under my own obſervation, from 14 days, to 12 months and upwards. The diſeaſe did not, in any of thoſe caſes, prove fatal. We are, however, informed by reſpectable authors, that the hæmorrhage has, on ſome occaſions, been ſo violent as to produce ſudden death*.

Of 17 patients, whom I have ſeen affected with this diſeaſe, two only were men; nine were women, three, boys, and three, infants not more than a year old. Four of the women were beyond the age of fifty.—I will here deſcribe the progreſs of one caſe, which exhibited ſome ſtriking appearances. A lady aged thirty-ſix, of the ſanguine temperament, after experiencing for ſeveral days a painful inflation of the

* Lister Exercit. Med. de Scorbuto. Act. Nat. Cur. &c.

ſtomach,

ſtomach, was ſeized, on the 17th of June 1792, with violent vomiting, which continued almoſt inceſſantly through the 18th and 19th, and was accompanied with excruciating pains in the bowels. The fluid diſcharged was clear, and ſtrongly tinged with green bile, the quantity of it being not leſs than three or four quarts every day. On the 20th, the vomiting abated, and ſhe had ſeveral looſe ſtools, of a green colour, and mixed with black coagulated blood. The diarrhœa continued in this form until the 25th, producing great languor, and faintneſs. During that time, the pulſe was remarkably ſlow, and the ſkin cool; the urine was of a ſtraw colour, and depoſited a white mucous ſediment; the tongue was moiſt, but covered with a yellowiſh fur: ſhe was always very thirſty, and reſtleſs. On the evening of the 25th, her extremities became ſuddenly cold, her pulſe was ſcarcely diſcernible, a cold ſweat trickled down in ſtreams from every part of the body, her voice was indiſtinct, and her breathing very laborious. From this alarming ſtate ſhe recovered in the courſe of the night, and on the following day a raſh appeared over the whole body, in ſmall red circular patches, confluent on the neck, ſhoulders, and nates, but in other places diſtinct. On the 27th and 28th, the eruption was leſs extenſive, but of a livid colour: her hands ſwelled, and ſhe was faint and

languid,

languid, but free from internal pain. The diſcharge of blood ceaſed at this time. On the 29th and 30th ſhe was in better ſpirits, but complained much of pains in the limbs, particularly near the knee joints. July 1ſt and 2d, ſhe was ſick, weary, and reſtleſs, but had not any diſorder of the bowels: her tongue was browniſh and clammy, and ſhe felt conſiderable pain in the wriſts. The raſh began to fade on the following day. On the 4th, ſhe was eaſy and able to ſit up in bed. Slight veſtiges of the livid ſpots remained on her arms only. Two ſpots on the back of the left hand terminated with gangrenous ſloughs. The complaint was ſucceeded by large anaſarcous ſwellings of the legs, thighs, and hands, which were not reduced till the latter end of Auguſt, and during that time ſhe continued in a weak irritable ſtate*.

The Purpura hæmorrhagica, occurs at every period of life, and chiefly affects perſons of a weak and delicate habit. Women and boys appear to be moſt

* This case exemplifies a well known aphorism, quoted by Celsus from the Greek physicians; Quibus magni lienes sunt, his gingivæ malæ sunt, et os olet, aut sanguis aliquâ parte prorumpit; quorum si nihil evenit, necesse est in cruribus mala ulcera, et ex his nigræ cicatrices fiant. Lib. II. 7. Compare Hippocr. de intern. affect. § 34. Paul. Ægin. III. 49.

liable

liable to it: in the latter, the hæmorrhage uſually takes place from the noſe.

A ſedentary mode of life, poor diet, impure air, and anxiety of mind, are the uſual exciting cauſes of this diſeaſe. Several of the female patients above-mentioned were confined to laborious work, in cloſe ſituations. One patient, aged 46, who, with the purple eruption, had weekly returns of menorrhagia, was the principal teacher in a crowded ſchool.—A young woman aged 19, and a boy about 12 years old, whoſe gums, and tonſils were livid, ſpongy and tender, and whoſe ſkin exhibited numerous petechiæ intermixed with vibices, had lived for a number of years almoſt conſtantly on tea, and coarſe bread. An infant at the breaſt, aged ſix months, was ſimilarly affected, the mother not being able to procure ſufficient nouriſhment. One of the men, mentioned page 457, referred his complaint to exceſſive fatigue in ſultry weather, and to the want of proper food. In the other, the hæmorrhage was brought on by taking large quantities of ardent ſpirits undiluted. Some ſingular circumſtances, which occurred in this caſe, I have elſewhere ſtated*.

* See Reports on Diseases, pag. 167.

In

In the treatment of this diſeaſe, we ſhould recommend moderate exerciſe in the open air, a generous diet, and the free uſe of wine, Peruvian bark, Vitriolic acid, &c. Without air, exerciſe, and an eaſy ſtate of mind, the effect of medicines is very uncertain. Of this I had a ſufficient proof in the caſe of M. C. (ſtated page 456) whoſe ſufferings were of long duration. While confined to a cloſe apartment in White-friars, ſhe took for two or three months Peruvian Bark in conſiderable quantities, the Vitriolic and marine acid, and wine, without much advantage. The periodical ſhiverings, and the hæmorrhage, were afterwards ſtopped by the Anguſtura Bark; but the purple ſpots continued till after ſhe had been ſome time in the country.

2. PURPURA URTICANS. This form of the Purpura begins with hard, reddiſh, and rounded elevations of the cuticle, of the ſize and appearance repreſented PL. XXX. Fig. 1. Theſe ſmall tumors gradually dilate, but within twenty-four hours they ſubſide to the level of the ſurrounding cuticle. They are then ſucceeded by livid ſpots of the ſame extent*. During the night, the ſpots are ſomewhat elevated, and exhibit

* Hoffmann, Conſult. et Reſpons. pag. 316, &c. &c.

a little redneſs intermixed with the livid colour*; towards morning, they conſtantly reſume their former ſtate, being dark-coloured, and without elevation.—The patches are not permanent, but ſucceed each other in different places, chiefly on the legs, but ſometimes on the thighs, arms, breaſt, &c. On the legs and arms, they are frequently intermixed with petechiæ. The duration of this complaint is from three to five weeks, in the courſe of which time, the hands and ancles are affected with œdematous ſwellings. The moſt diſtreſſing ſymptoms are a ſenſation of great languor and debility, and a loſs of appetite. I have not, in any caſe, obſerved hæmorrhage or fever.

The Purpura urticans generally appears in ſummer and autumn, affecting 1. Thoſe who are expoſed to daily fatigue from hard labour, and who ſubſiſt on a meagre diet. 2. Delicate young women, who live luxuriouſly, but uſe very little exerciſe. In the latter, before any livid ſpots appear, and before the anaſarca is perceptible, the legs are ſometimes hard, and en-

* See the case of a nun, in Johan. Udalric. Rumleri Obs. Med. 45, Ann. 1580.—Monialis, nullâ prægressâ, febre, nec artuum imbecillitate, subitò exanthematibus correpta est.....quæ non, ut in aliis, tota rubentia conspiciebantur, sed nigredine quâdam quodammodò virescebant.

larged,

larged, ſo that their ſtiffneſs or weight impedes the freedom of motion, and very ſoon occaſions fatigue.

This complaint is removed by the exhibition of Peruvian Bark, Mineral Acid, or muriated Tincture of Iron, with the aſſiſtance of gentle exerciſe in the open air.

The Purpura was noticed by Amatus Luſitanus, about the year 1550, under the denomination of Morbus Pulicaris ſine febre.—Curat. Med. 70. Cent. iii.—"Puer "ad me delatus abſque febre, totus maculis quibuſ- "dam, pulicum puncturis ſimilibus, ſcatebat, et ipſis "quidem nigerrimis, ut mirari ſatis ſit talem morbum "abſque febre, vel animi anxietate, aut pueri ipſius "detrimento, ad cutem prorupiſſe..... Cæterùm "duobus interpoſitis diebus, puer hic ſanguinem mul- "tum, nigrum fæculentum, malè olentem, egeſſit, et "ſanus ac liber evaſit."

Eugalenus is perhaps the firſt writer, who has given a clear deſcription of this diſeaſe. Under the general title, Scurvy, he furniſhes three or four diſtinct caſes, wherein the purple eruption was connected with a hæmorrhage, from the gums, from the lungs, or from the bowels. See Obs. 2, 33, 59, 62, 68, 69, 72. He

refers the complaint to a putrid diatheſis, produced by groſs food, ſalt or ſtagnant water, and a moiſt cold atmoſphere.

Riverius, in addition to the obſervations formerly quoted (pag. 452), deſcribes the appearance of purple ſpots, combined with an hæmorrhage from different parts of the body : Apparent aliquandò in aliis affectibus, citrà febrem peſtilentem, maculæ quædam petechiis conſimiles, ſed a diverſiſſimâ cauſâ prodeuntes. Illæ potiſſimùm ſolent contingere in iis, qui ſanguinis fluxum patiuntur, ex eo quod ille factus tenuior et aquoſior—tum etiâm in lienoſis, ictericis, iiſque omnibus qui, propter viſcerum debilitatem, ſanguinem generant aquoſum, et in cachexiam proclives ſunt. In his enim, ſanguis tenuior factus, modò per nares modò per aliam partem effluit, modò etiam a capillaribus exiens venis in partes cutaneas tranſmittitur, ubi retentum proprium amittit colorem, et vel, lividus vel niger, vel puniceus efficitur, variaſque macularum differentias profert, quæ tamen a maculis febrium peſtilentium diverſiſſimæ ſunt, et nihil aliud quàm ſanguinis tenuitatem aquoſam, atque imbecillitatem jecoris præ ſe ferunt*.

Dr.

* Prax. Med. Lib. XVII. Cap. 1. de Febre pestilenti. See also cases by River. Cent. II. Obs. 18. and Cent. I. Obs. 21. Compare Diemerbroeck

Dr. Liſter, Exercitat. Med. De Scorbuto, 1680, affords ſeveral caſes analogous to thoſe above quoted: the 1ſt, 5th, 6th, 7th, 8th, 9th, 10th, 11th, and 12th, exactly coincide with my own obſervations on the Purpura hæmorrhagica. The diſeaſe proved mortal in four of theſe caſes, though in ſome of them, no alarming ſymptoms had occurred. Ægrot. 7, 9. Juvenis quidam, exeunte Decembri, ſubitò et ſine aliquâ cauſâ manifeſtâ, narium hæmorrhagiâ correptus eſt: id malum aliquot dies, per intervalla, duravit; mox totum corpus maculis ferè ex nigro-purpureis eleganter depictum eſt; etiam earum aliquot ex internâ labiorum parte obſervavi: Huic tamen nec febricula, nec pulſus juſto debilior; urina qualis ſanorum, nec ullum grave aliàs ſymptoma. At funeſta illa pictura fuit†.

The remedies on which Dr. Liſter depended for the cure of this diſeaſe were, Scurvy-Graſs, Creſſes, Vegetable Acids, and, occaſionally, blood-letting. Experience, however, ſoon taught him that bleeding and likewiſe purging, were highly detrimental. He men-

broeck De peste, L. IV. Ægr. 41. Hoffmann Suppl. Par. II. pag. 493. de Purpurâ Scorbuticâ, &c. Cusson De Purpurâ, Sauvages De Phænigmo, et Burserii Instit. Med. II. Cap. 10.

† Pag. 96-7.—Horstius states Obs. 17. Lib. V. that this disease terminated fatally in a pregnant woman, by a hæmorrhage from the gums. Hot-baths and sudorific medicines were employed in the case, but they produced, he says, a bloody sweat (sudorem sanguineum).

tions

tions the ſtate of the blood drawn in one caſe: Is refrigeratus cute craſſâ ex fuſco flaveſcente obductus eſt.

In the Ephemerides and Acta Naturæ Curioſorum many caſes of the Purpura hæmorrhagica are recited which deſerve attention. See Tom. I. obs. 35 and 79. Tom. III. 79. Tom. IV. pag. 468. Tom. V. obs. 30. Tom. VII. obs. 110 and 131. In Tom. IX. obs. 21, is a complete hiſtory of the diſeaſe under the title of Petechiæ mendaces.

Caſes of the Purpura ſeem to have been ſtudiouſly multiplied in periodical publications, and in medical or chirurgical miſcellanies*.—I conſider it, under all the forms deſcribed, as pertaining to the Scurvy, though it is not always attended with ſponginеſs of

* Hist. Morbor. Vratislaviens. Ann. 1702. Philosophical Transactions, vol. LIII. Casp. Pezoldus. Obs. Ch. select. 6. Werlhoff, De Variol. et Anthrac. cap. iii. § 15, and in Commerc. literar. Norimberg. Bœhrens de Affect. a Mitylis, 1735. Hebd. 2 & 7. Act. Helvet. vol. V. 1762. Strack, Obs. Med. De Morbo cum petechiis, Carolsruhæ, 1767. I. A. P. Gesner, Obs. Med. Phys. Tom. III. pag. 205. Nordlingæ, 1771. C. J. Damilan. Sopra le Malatt. delle Migliari in Piemonte, &c. 1774. Graff'. Dissert. Inaug. De Petechiis sine febre, Gottingæ, 1775. Act. Hafnensia, vol. II. Profr. Duncan's Medical Commentaries for 1774, and Medical Cases, 1778. Vechner, Petechiarum benignissimæ indolis singulare exemplum, Trajecti ad Viadrum, 1780. J. H. Schlichthorst. Dissert. de Petech. Gottingæ, 1783. Adair Dissert. Inaug. De Hæmorrhæa petechiali, Edinburgh, 1789. Medical Facts, vol. II. Memoirs of the Medical Society of London, vol. III. pag. 393. Annals of Medicine, vol. II. pag. 231, &c. &c.

the

the gums, and a diſcharge of blood from them, according to the definition of Scorbutus in Noſology*. Whether my readers agree with me in this opinion, or not, they will, I think, allow that a general view of the ſymptoms and cauſes of either the Sea-Scurvy, or Land-Scurvy, cannot properly form a part of the preſent work.

4. PURPURA CONTAGIOSA. I apply this title to an eruption of petechiæ frequently ſeen in the Typhus, or malignant Fever, occurring in crowded ſhips, priſons, and other very cloſe ſituations.

When malignant Fevers are epidemic in London and its vicinity, the proportion of caſes, in which Petechiæ appear, is not † conſiderable. A full eruption of them

* See Sauvages, Nosol Method. Sa.

Dr. Sydenham's account of the Scurvy does not materially differ from that of the Purpura, above given.

Dr. Camerarius, De Scorbuto endemio Hornbergæ, (Act. N. Cur. Tom. II. 153.) observes; Scorbuti hujus, neque enim eadem est semper, ac ubique, morbi funesti facies, hæc sunt symptomata; lassitudo ingens, vertigo, cephalalgia, frequentes parulides, cruentatio, atque ulceratio gingivarum, sicca scabies, maculæ modò lividæ, modò rubræ, lancinantes artuum dolores, in morbi cumprimis exordio. Compare Willis, De Scorbuto, cap. iii.

† Reports on Diseases, &c. pag. 162, 232, &c. Hoffmann, in his Historia Febris malignæ petechizantis Halæ grassantis, observes, Quidam

them is, according to medical writers, generally accompanied with hæmorrhage, and vibices*; but none of the caſes admitted into the Fever-Houſe during the laſt three years, have exhibited theſe appearances, either combined, or in ſucceſſion. The patients, however, are uſually covered with flea-bites, and it is not always eaſy to diſtinguiſh theſe from Petechiæ, ſince, in conſequence of the extenſive and almoſt conſtant irritation on the ſkin, the dark ſpecks remain for ſome time after the central punctures have been healed. See pag. 453-4.

Formerly, the Typhus, with Petechiæ, &c. often occurred in our priſons, and proved fatal to thoſe who were under confinement in cloſe cells, or who lodged in crowded apartments. Mr. Box, Surgeon of Newgate, informs me, that the Fever has

dam exanthematis et Petechiis planè carebant, quorundam autem corpora ipsis erant refertissima, &c. Supp. II. P. II. pag. 56. Compare Foresti, Op. pag. 190. De Haen, Theses, and Ch. pag. 27.

* "The large black or livid spots, in Fevers, are almost always attended with profuse hæmorrhages. The small dusky brown spots, like freckles, are not much less dangerous, though fluxes of blood do but seldom attend them." Huxham, pag. 42.

Si cum iis vibices nigricantes, aut liventes concurrunt, exitium significant..... Nec absunt a peticulis hæmorrhagiæ narium, uteri, ani, interdum etiam oculorum, quibus natura nititur morbum depellere. Burserii Inst. Med. vol. II. pag. 367, 378, &c.

been

been rendered leſs frequent there, and leſs virulent, by removing the perſons firſt affected, into airy rooms or wards, and by a general attention to ventilation, cleanlineſs, &c. ſo that, at preſent, Petechiæ do not appear in more than one caſe in thirty.*

Fracaſtorius would perſuade us that he was the firſt obſerver, in Italy, of the Petechial Fever†, but it was known

* "Of 379 patients admitted into the London House of Recovery, nine only, or about 1 in 42, were affected with Petechiæ. In all but one, the Petechiæ had appeared before admission. In the case excepted an eruption, at first papular, terminated in purple spots not elevated. All the patients on whom Petechiæ were observed, with the exception of one woman, recovered: this woman died on the 4th day of the disease. On the preceding evening, large vibices appeared over the whole surface of the body; and after her death, the skin became universally livid."

Dr. T. Bateman.

† Hæ Febres mediæ quodammodò sunt inter verè pestilentes et non pestilentes, quoniam ab iis multi quidem pereunt, multi etiam evadunt. Contagiosæ autem sunt, et idcircò naturam pestilentum sapiunt. Appellari autem solent malignæ magis quam pestilentes, quales illæ fuere quæ annis 1506 et 1508, in Italiâ, primùm apparuere ætate nostrâ, non priùs notæ,—certis vero regionibus familiares, ut Cypro et vicinis insulis, majoribus etiam nostris cognitæ. Vulgus lenticulas aut puncticulas appellat, quod maculas proferant lenticulis aut puncturis pulicum similes: quidam mutatis literis peticulas dicunt. De morb. Contag. Lib. II. Compare Foresti De Febribus. Lib. VI. Obs. 35. Sennert. de Feb. IV. 13. Hoffm.

known in that country there, a hundred years before his time, to Ingraſſia*.—Petechiæ and Vibices were obſerved even by Hippocrates, in the Fevers of Thrace and Theſſaly; See Epid. Lib. VII: they are alſo mentioned by Galen† and Aëtius‡. The latter ſays, "At an early period of Fevers, which are not ſimple, but originate from a depraved ſtate of the humours, livid ſpots, (μωλωπες) reſembling gnat-bites, appear over the whole body, whereas in malignant and peſtilential fevers, there are Phlyctænæ, ſome of which aſſume the form of carbuncles."

Purple ſpots occaſionally appear in the Small-pox, Meaſles, Scarlatina maligna, &c. and are often accompanied with an hæmorrhage. Their appearance has alſo

13. Hoffm. Tom. II. pag. 75. Pringle on Diseases of the Army, pag. 301-3.

I have only mentioned the Petechial Fever incidentally; a full and satisfactory account of it is given in De Haen's Ratio Medendi, and Theses de Feb. divisionib. pag. 27. and in Burserii Inst. Med. Pract. vol. II. cap. 10.

* Neapoli, rubras, et lenticulares quasdam, sine tumore, maculas, quæ in pestiferis et malignis febribus repentè nonnunquam per universum corpus dispersæ apparere solent, pesticias vocant, De Tum. præt. nat. Tr. I. cap. 1. pag. 195.

† De Atrâ Bile, cap. 12.

‡ Tetr. II. Serm. I. cap. 129.

been remarked by various authors, in Agues, Remittent Fevers, Paralyſis, Dropſy, and Atrophia*. In the laſt ſtage of Pulmonary Conſumption, they occur as the immediate forerunners of death. Tulpius, in a ſingular caſe, deſcribes a temporary purple eruption, which ſucceeded violent fits of coughing, and which ſeems referable to ſome diſeaſe of the heart or lungs§.

* See Sauvages de Variolâ, Tertianâ, Hydrope, Atrophiâ. Mead de Variolis et Morbillis. Eugalen. Willis, and Lister, de Scorbuto. Wedel de Febre pestilenti, &c. &c.

§ Filius Senatoris, Henrici Hudde, tussiit aliquando tam vehementer, ut retracto spiritu, et excluso aere, incideret in præsentissimum suffocationis periculum, dispersis jam tum per habitum corporis lividis quibusdam maculis, simillimis exanthemati pestilentiali. Sed momentanea ipsarum eruptio, utique præcedens tussis, docuere satis luculenter, colorem illum provenisse, non tam a contagio, quam ab imminente spiritûs vitalis extinctione,—quo intereunte, mirum non est perire utique partibus vividum colorem, et illi e vestigio succedere luridum, ac emortuum livorem. Obs. Med. Lib. I. Cap. 55.

ORDER III.

IV. ERYTHEMA.

THE ERYTHEMA is a nearly continuous redneſs of ſome portion of the ſkin, attended with diſorder of the conſtitution, but not contagious. This appearance, though in general ſymptomatic, merits our attention, as it ſhould be carefully diſtinguiſhed from other eruptions, particularly from the contagious Exanthemata. Sauvages and Plenck have included under the generic title Erythema, the effects produced on the ſkin by burns, ſcalds, ſlight wounds, and punctures, by the irritation of certain vegetable ſubſtances, and by the ſtings or bites of inſects and ſerpents.—In conformity to the definition above given, I propoſe to take a more limited view of the ſubject, under the ſubdiviſions, Erythema fugax, Erythema læve, Erythema marginatum, Erythema papulatum, Erythema tuberculatum, and Erythema nodoſum.

1. The

1. The ERYTHEMA FUGAX is characterized by red patches, of an irregular form, and of ſhort duration. Theſe patches appear ſucceſſively, but with different intervals, on the face, neck, breaſt, arms, &c. in ſome caſes of bilious diarrhœa, and of the Synochus or Summer Fever*. I have alſo ſeen them in ſlow Fevers, uſually termed Nervous Fevers, in the Typhus, and in Puerperal † Fevers. They generally denote that the diſeaſe,

* Reports on Diseases in London, pag. 25-8, and 283.

† "In dangerous cases of Puerperal Fever, I have observed broad, red, patches, on the arms, legs, and neck. They appear at first like a mere redness from pressure, especially as they often begin about the elbows. Distinct livid spots appeared in the middle of these patches, in the following case":

"Mrs. A. of Great New-street, after a severe but natural labour, was delivered on the 10th of December, 1798, the Puerperal Fever not being at that time epidemical. On the 13th, she took some opening medicine which operated well, but, both before and after the operation, she complained of violent pain in the region of the uterus. From this time, she was affected with fever. I did not see her till the 16th, when she had considerable pain in the abdomen without general tension; a defined hard tumour was however to be felt, as from the half contracted uterus: she appeared comatose, being with some difficulty roused to give any account of her feelings; her skin was hot; pulse 120, regular and tolerably firm; tongue furred, brown in the middle, and deep red on the sides; her hands appeared to me to be swollen, and covered with a minute rash, hardly appearing through the skin, but this the nurse attributed to her having just before washed with warm water. She was very delirious

diſeaſe, to which they are annexed, will be tedious and dangerous.—The Erythema fugax is likewiſe an occaſional ſymptom in chronic complaints, particularly in Hyſteria*, Dyſpepſia, Hemicrania, and Gravel. It ſometimes appears to be a conſequence of irritation in the urinary bladder, and urethra.

Hippocrates † mentions patches of redneſs (ερυθημαΐα) about the noſtrils, on the cheeks, the edge of the jaw,

delirious during the night; the stools and urine were discharged involuntarily. On the 17th, several red patches appeared, especially from below the elbows over the arms; no elevation of the skin was perceptible by the touch,—but to the eye, when closely inspected, the patches seemed to consist of a minute rash somewhat elevated. In the midst of these patches, there were several livid spots, some of them nearly the size of a sixpenny-piece. There was the same appearance round the ankles, extending up to the calves of the legs. The nurse had observed similar patches over the abdomen in the preceding night. Her breathing was, on the 17th, laborious, her tongue extremely brown and cracked, pulse indistinct; she talked incoherently, but answered the questions put to her when roused.—She died before the morning."

Dr. John Sims.

* Sauvages misquotes the following account of Erythema or Flamma volans:—Est accidens fugax, Hysteriæ et Menostasiæ non rarò comes—subitus sc. color et rubor, ut in verecundiâ, identidem a pectore ad faciem assurgit, citò transiturus, quandoque levem sudorem et vertiginem excitant.

† Epidem. Lib. 1. 89, 14. Coac. Prænot. 215, 231. ditto, pag. 126, 138, and 185. Ed. Fœs.

and

and on the neck, as occurring in Fevers, Diarrhœa, Hæmorrhage, and Sore-throat; he obſerves, that, in acute diſeaſes, Erythemata on the hands and feet denote the approach of death, and that broad patches of redneſs (ἐρυθήματα ὑποπλάδεα) on the cheſt, have the ſame import in Peripneumony.

3. In the ERYTHEMA LÆVE, the ſurface is uniformly ſmooth, and ſhining: it chiefly appears on the lower extremities, at firſt, with red patches, which are diſtinct, and of different forms, ſome being angulated, others round, and varying in ſize from that of a ſhilling to that of a crown-piece. In a few days, they become confluent, or have but ſmall interſtices: at the ſame time, the limbs are generally affected with conſiderable anaſarcous ſwellings.—This complaint occurs, often with a ſlight fever, in young perſons who have applied too cloſely either to ſtudy or buſineſs. The duration of it is uncertain: in ſome caſes, the redneſs continues for ſeveral weeks. It diſappears gradually, and terminates in extenſive deſquamation, as ſoon as the anaſarcous ſwelling has been reduced by proper exerciſe, diuretics, and corroborant medicines.

Perſons of an advanced age, labouring under anaſarca from debility or long-continued illneſs, often produce

produce by fatigue and exertion, an increaſed ſwelling of the legs or ankles, with a ſudden and extenſive appearance of the Erythema læve. The pain, tenſion, and ſtiffneſs, which attend it, may be removed in a ſhort time by a horizontal poſition, and by the exhibition of Peruvian bark, diuretics, &c. Under this mode of treatment, the redneſs in two or three days changes to a darker hue, and then gradually diſappears.—Thoſe who, by exceſs in drinking ſpirituous liquors, have brought on conſiderable œdematous ſwellings, and ſtiffneſs, of the lower extremities, are ſometimes affected with a general redneſs of the ſurface of thoſe parts, which continues for many days, but at length changes to a purple or livid hue: this appearance, is uſually ſucceeded by gangrenous ulcers, in perſons whoſe intemperance cannot be reſtrained.

The Erythema læve occurs, in ſome caſes, without dropſical ſwellings, or any preſſure on the cutaneous veins, eſpecially after violent pains in the ſtomach, attended with bilious vomiting and diarrhœa. Theſe internal diſorders ceaſe, or abate conſiderably, as ſoon as the redneſs appears; which is chequered by interſtices, and extends round the ankle with much pain and tenſion. I have obſerved a ſimilar redneſs on the ankle and inſtep, in ſome delicate females, on almoſt every return of the Catamenia.

3. In

3. In the ERYTHEMA MARGINATUM, the patches are bounded, on one ſide, by a hard, elevated, red, border. This border, which gradually elongates, does not form circles, but appears tortuous: it is ſlightly furrowed, and, in ſome places, papulated. The convolutions of it are larger than thoſe repreſented PL. XIV. and the redneſs or effloreſcence takes place within the ſinuſes, but has not a regular boundary on the open ſides. Theſe patches are ſituated on the outſide of the arms, legs, and thighs, and on the loins; they do not appear and diſappear ſucceſſively, like the longitudinal wheals, and redneſs in the Urticaria, pag. 400-15-16.—I have ſeen them continue, in different caſes, from three to ſix weeks: for ſeveral days before it diſappears, the redneſs changes to ſomewhat of a livid colour, and the margins ſubſide ſlowly, without deſquamation.

The Erythema marginatum does not ſeem to produce pain, or irritation in the ſkin: it is, however, uſually connected with ſome internal diſeaſe, and, from the event of the caſes, which have been preſented to me, I think it an unfavourable appearance. I have obſerved it only in perſons at an advanced period of life. A woman, aged 60, after having been affected for ſeveral weeks, with a ſevere cough, difficulty of breathing, pains or ſtitches in the ſide, &c. was at firſt re-

lieved by the appearance of the patches on her arms and thighs, but when they declined, about a month afterwards, the cough, pain, and dyſpnœa returned with fever, loſs of ſleep, and emaciation, and ſoon terminated her life.

4. In the ERYTHEMA PAPULATUM, the ſurface, as far as the redneſs extends, is at firſt rough or papulated. The eruption is diffuſe, and without any regular boundary; PL. XXXI. Fig. 1. On the ſecond or third day, when the colour becomes vivid, the Papulæ diſappear, but the ſkin continues red, and furrowed, for ten days or a fortnight. As the efflorescence declines, it aſſumes a bluiſh or livid hue, and ſoon after terminates by deſquamation. In one caſe, the redneſs was ſucceeded by a ſlight effuſion of lymph, which occaſioned a yellowiſh appearance of the ſurface. No veſications were, however, formed, the cuticle ſeparating gradually without any diſcharge of fluid.—This eruption appears chiefly on the upper part of the breaſt, on the neck, and on the fore-arms. It differs from the Lichen agrius (page 42)' in the following particulars: 1. The Papulæ are obſcure, and preſently ſubſide. 2. The redneſs continues undiminiſhed long after the diſappearance of the Papulæ. 3. There is leſs diſorder of the conſtitution, and a leſs painful ſenſation in the ſkin. 4. The Erythema papulatum does not terminate by fiſſures, excoriations, or a leprous ſtate of the ſkin.

I have

I have obſerved the Erythema papulatum in labourers of both ſexes, whoſe arms had been careleſsly expoſed to ſudden alternations of heat and cold. Intemperance in drinking ſpirituous liquors, or ſpirits combined with ſtrong malt-liquor, may alſo be conſidered as an occaſional cauſe of this diſeaſe. It is generally relieved by waſhing with tepid water, or thin gruel, by light coverings, by a temperate regimen, and by the vitriolic or muriatic acid taken internally.

PLATE XXXII. Fig. 2. repreſents an appearance, which occurred in a Syphilitic caſe, attended with ulceration in the throat. The Papulæ, however, remained, after the Erythema had diſappeared, till they deſquamated under a mercurial courſe. Hence the redneſs, accompanying the firſt eruption of them, was perhaps analogous to the efflorescence in Venereal caſes, mentioned page 163 and 440.

We may rank under the preſent article, that ſpecies of Intertrigo, which is produced, in ſome perſons, by the attrition of contiguous ſurfaces *, as beneath the breaſts,

* Antient medical writers have chiefly noticed the galling and inflammation produced by narrow shoes, sandals, &c. or by riding on horseback. Παραθριμμαΐα, Αποτριμμαΐα, Oribas. Synops. L. VII. Cap. 5. Aëtii Tetrab. IV. S. 11. Cap. 67. and Tetrab. I. S. 1. de Lycio. Paul. Ægin. De Re Med. Lib. IV. Cap. XIV. Compare Scribon. Larg. Cap. 88. De

breaſts, round the axillæ, in the groin, and at the upper part of the thighs, and is attended with a glairy and fetid ſecretion. The Intertrigo is most troubleſome when it affects the thighs: it commences where they are in contact with the ſcrotum, and extends upwards to the groin and nates, round the ſcrotum, and downwards to the hollow of the thigh. In places where the friction is ſtrongeſt, the redneſs is continuous, but it terminates at the edges in a mixed colour, ſuch as characterizes efforeſcences generally; DEF. VI. This complaint is moſt frequent in very warm weather, and affects perſons of the ſanguine temperament, eſpecially thoſe who are corpulent.* It ſometimes terminates in the Prurigo or Proriaſis ſcrotalis.—An appearance analogous to the Intertrigo, is produced by acrimonious diſcharges in perſons labouring under Dyſentery, Gonorrhœa, &c. in females af-

Liparâ ad Intertrigines et exasperationem, and Marcellus de Med. Cap. 32-3. Intertrigines, Exulceratio Intertriginum, Porrigo Intertriginum. C. Plin. Nat. Hist. Lib. XX. Cap. 14. XXI. C. 18. XXIV. C. 8. &c. Intertrigo et alarum vitia, attrita corporis, &c.

* Intertrigo, seu pustulæ genitalium ἰδρῶτα Hippocrati dictæ, oriuntur ab earum partium sudore bilioso, mordaci, ex incessu frequentiore, æstatis tempore, orto, qui perfacilè iis in partibus putrescens, pruriginem movet, cutemque veluti ulceribus exasperat, accedente attritu, qui ex eodem incessu fit. Plater. De Superf. Corp. dol. Causis, pag. 702.

fected

fected with Fluor albus, or Uterine ſcirrhus, and in infants; ſee page 25.

Frequent ablution, with tepid water, is neceſſary to allay the heat, and uneaſineſs, which attend this complaint, to remove the viſcid ſecretion upon the ſurface, and to prevent excoriation *. When the ſkin is fretted by the diſcharge of a thin acrimonious fluid, ſome relief is obtained by the application of dry abſorbent powders: in caſe of abraſion and fiſſures, the Unguentum foliorum ſambuci may be applied with much advantage.

A ſpecies of Intertrigo takes place occaſionally, at an advanced period of the Lues venerea, on the upper and inner part of the thighs, on the ſcrotum, and between the nates. It is attended with heat, pain, itching, and an acrimonious viſcid diſcharge, which partially excoriates, but which at length forms a ſmooth whitiſh incruſtation, over all the affected ſurface. I have thought this appearance referable, in ſome inſtances, to the uſe of mercury. If ſuch an opinion was wrong, I am at least correct in obſerving, that the Venereal In-

* Hafenreffer (L. I. Cap. 18.), Plater. (p. 678.), and Plenck (p. 103.), after ſome of the antients, rank Intertrigo with Excoriation, or ſuperficial Ulceration. I have often before noticed the impropriety of characterizing a disease from incidental circumstances.

tertrigo

tertrigo is not always removed by the mercurial courſe, while it is generally relieved by preventing, as much as poſſible, the attrition of the ſurfaces, by repeatedly waſhing with warm water or with ſoap and water, and by the application of mild reſtringent ointments to the parts excoriated.

5. The ERYTHEMA TUBERCULATUM, exhibits irregular patches of red efflorescence, diffuſed, at firſt, round tumors ſlightly elevated, and of the ſize repreſented PL. I. Fig. 9. The ſmall tumors are not ſo hard as Tubercles (DEF. VIII.): they are not attended with pain, or uneaſineſs, nor do they ſeem diſpoſed to ſuppurate. They ſubſide in ſeven or eight days†, but the patches of Erythema continue a week longer, then turn livid, and gradually diſappear.—This eruption extends over the arms, neck, ſhoulders, thighs, and legs. It commences with fever, ſometimes in paroxyſms as ſevere as thoſe of a quotidian ague. In the intervals of the paroxyſms, the patient is affected with great languor and faintneſs. During the ſecond week of the eruption, the fever gives place to a ſtate of weakneſs, morbid irritability, and reſtleſſneſs, which is ſometimes ſucceeded by hectical ſymptoms.

† The representation PL. XXXI. Fig. 2. was made at the period when the tubercles are scarcely distinguishable from the surrounding redness.

PL. XXXII. Fig. 3. represents Bug-bites, which are not surrounded by a red efflorescence.

6. In

6. In the ERYTHEMA NODOSUM, many of the red patches are large and rounded; PL. XXXII. Fig. 1. The central parts of them are very gradually elevated, and on the 6th or 7th day, form hard and painful protuberances, which are often taken for impoſthumes, but from the 7th to the 10th, they conſtantly ſoften and ſubſide, without ulceration. On the 8th or 9th day, the red colour changes to bluiſh or livid, and the affected limb appears as if it had been ſeverely bruiſed. This appearance remains for a week or ten days, when the cuticle begins to ſeparate in ſcurf.

The Erythema nodoſum uſually affects the fore part of the legs. I have only ſeen it in females *, moſt of whom were ſervants. It is preceded by irregular ſhiverings, nauſea, headach, and fretfulneſs, with a quick unequal pulſe, and a whitiſh fur on the tongue. Theſe ſymptoms continue for a week, or more, but they uſually abate on the appearance of the Erythema, ſo

* I do not remember to have seen this complaint in young children. Dr. Underwood says that it occurs, "while the double or eye-teeth are cutting," and that "it has sometimes been mistaken for the Measles." He adds, "the tumors are preceded by large spots or patches, at first of a bright red colour, but afterwards of a darker hue, resembling Petechiæ in bad Fevers."—"The tumors, I believe, never come to suppuration, but disappear again in a few days:—they are not peculiar to scrophulous habits." Vol. I. page 88, and 207.

that

that in the latter ſtages of the diſeaſe, the only ſenſations of uneaſineſs are, languor, thirſt, and diſreliſh for food.

The remedies preſcribed by me in this complaint were calomel, or ſometimes a milder purgative at firſt, and afterwards Peruvian bark, in conſiderable doſes, either alone, or combined with vitriolic acid, wine, &c. Theſe medicines were effectual in every caſe of the Erythema nodoſum, but they proved fruitleſs in the Erythema tuberculatum. I have ſeen but three caſes of this latter diſeaſe, all of which terminated fatally. Two women affected with it, became hectical, and died in a few weeks. A girl, ſix years old, died of the Hydrocephalus internus, about a month after the eruption had diſappeared.

ORDER IV.

BULLÆ.

BULLA (Bleb); DEF. XI. A large portion of the cuticle detached from the ſkin, by the interpoſition of a tranſparent watery fluid; PL. I. Fig. 10. Soon after the water is diſcharged, the excoriated ſurface is covered with a flat yellow or blackiſh ſcab, which remains till a new cuticle is formed underneath. When Bullæ have a dark-red, or livid baſe, they are denominated PHLYCTÆNÆ; Fig. 11.

Of this fourth Order, I have conſtituted three genera, Eryſipelas, Pemphigus, and Pompholyx. Whether the two latter might be properly united, or whether the Pemphigus ſhould be conſidered as a diſtinct idiopathic eruptive Fever, I do not wiſh abſolutely to decide, but wait for the opinion of judicious critics.

The ERYSIPELAS is a febrile diſeaſe, in which ſome part of the body is affected externally with heat, redneſs, ſwelling, and veſications. The tumor is ſoft, diffuſe, and irregularly circumſcribed; the redneſs diſappears on preſſure, and immediately returns when the preſſure is removed *.

Medical and chirurgical writers generally agree in their ſtatements of the characteriſtics of Eryſipelas. Antient authors, however, appear more anxious to diſtinguiſh it from Phlegmon, than to give a minute deſcription or hiſtory of it.

According to Galen †, "Heat and tumefaction are ſymptoms common to both diſeaſes, but the colour in them

* Erysipelas. Macula rubens, urens, pressione dissimulanda, tumidiuscula, superficialis, dilatabilis, desquamatione finienda. Febris Synocha, initio acuta, cum inquietudine. Linn.

Erythema is distinguished from Erysipelas, as it resembles an efflorescence (DEF. VI.) and is not attended with swelling, vesication, or any regular fever.

† Meth. Med. Cap. 14. initio, and de Arte Cur. ad Glaucon. L. II. and Comment. in Aph. 20. L. VI. See Oribas. De Morb. Cur. Lib. III. Cap. 47. Aet. Tetrab. IV. 2. 59. Celsus. V. 26.—Galen's account of the varieties of this disease, is founded on the doctrine of the four humours,

them is different,—that of Phlegmon being a vivid, permanent red,—that of Eryſipelas a pale red, inclining to yellow, which is eaſily obliterated by a touch of the finger, and which returns when the preſſure is taken off. In Phlegmon the tumor is circumſcribed, hard, tenſive, and painful: in Eryſipelas it extends diffuſely with conſiderable heat and uneaſineſs, but without tenſion or throbbing: Phlegmon is ſeated deeply in the fleſh, whereas Eryſipelas does not penetrate far below the ſkin."—He adds, that Eryſipelas is in ſome caſes attended with ulceration, and that, in others, it has a tendency to gangrene; and he thinks, with Hippocrates, that it often affects internal membranes, as well as the ſkin.

mours, supposed to exist in the body. When the disease is caused by yellow bile, he terms it an exquisite Erysipelas: when a small quantity of blood is mixed with the bile, he calls it Erysipelas phlegmonodes: if the blood predominate over the bile, it is then Phlegmone erysipelatodes, but if these fluids are mixed in equal proportions, they form, in his opinion, an intermediate disease. When the disease originates from lymph or phlegm, he terms it Erysipelas œdematodes: a hard, permanent swelling, he thinks, is occasioned by an afflux of black bile, and this, he denominates Erysipelas scirrhodes.

Paulus Ægineta considers these distinctions as of little importance in medical practice, and calls our attention to the most dangerous species of Erysipelas—that which affects the head and face. De Remed. Lib IV. Cap. 21.

I. F. Serapion * and Avicenna †, who have copied the preceding obſervations, notice the eruption of Bullæ, or Blebs, in Eryſipelas (Almeſire), as an uſual appearance, reſembling the veſications produced by fire.

Without being influenced by the hypotheſis or opinion of Galen on the ſubject, I propoſe to deſcribe Eryſipelas under four varieties; viz. Eryſipelas phlegmonodes, Eryſipelas œdematodes, Eryſipelas gangrænoſum, and Eryſipelas erraticum.

1. The ERYSIPELAS PHLEGMONODES generally affects one ſide of the face, or one of the limbs. In the former caſe ‡, the diſeaſe begins with coldneſs and ſhiverings,

* Et accidit cum Almesire ut plurimùm Vesicatio: et fortasse incipit absque vesicatione, sel ut plurimùm vesicatur. Breviar. Tract. V. Cap. 22.

† Quando fuerit ejus malitia major, habet inflationes et vesicas, et combustiones, et crustam. Avicen. Lib. IV. Fen. 3. Tract. 1. Cap. 1.

Quandoque ex calidate Erysipelatis pervenit ad hoc ut comburat cutem atque virulentiâ ejus vesicet. Id. Cap. 4.

‡ Avicenna, L. IV. F. iii. 1. 4. Actuarii Med. II. 12. Amb. Parè, L. VI. C. 12. Fernelius De Extern. Affect. VII. 4. Amat. Lusitan, pag. 17. Tagaultii Chirurg. Lib. I. Cap. 8. Sennert. Pract. Lib. II. Cap. 16. & Lib. V. 1. 7. Sydenham, Sec. VI. C. 6. H. F. ab Aquapendente op.

Part

ſhiverings, which alternate with irregular fluſhes of heat: on the 2d and 3d days, the pulſe is increaſed in frequency, oppreſſed, and ſomewhat hard; the tongue is covered with a whitiſh cruſt; there is a ſenſation of languor, and general ſoreneſs, attended with thirſt, loſs of appetite, and a diſpoſition to ſleep. Dull aching pains are alſo felt in the head, neck, and back. The ſwelling uſually appears in * the ſecond night, or on the third day, at the ſide of the noſe †, and on the cheek, or ſometimes near the ear. It is of a dark red colour, ſmooth and ſoft, and attended with a ſenſation of heat and tingling. This redneſs, and the ſwelling, extend gradually over the ſide of the face, and ſpread, in ſome caſes, to the ſcalp, and to the ſide of the neck, or upper

Part. II. Lib. I. Hafenreffer, Lib. IV. Cap. 2. Plater. De Superf. Corp. dolor. Cap. 17. Hoffmann, De Feb. Erysipelac. Wiseman's Surgery, L. I. C. 6. Platner Inst. Chir. § 156. De Haen, Theses de Febr. divis. pag. 19. Callisen Inst. Chir. Mod. § 216. Burserii Inst. Med. Pract. Vol. II. Cap. 2.

* Ex viginti subjectis hoc morbo affectis, et quorum historiam ex Instituti clinici diariis coram oculis habemus, nonnisi duo, priusquam febricitassent, sex verò post primum jam caloris ingressum, cæteri vero duodecim vel secundâ vel tertiâ a febris principio die, Erysipelate notabantur. Frank. Ded. Cur. Hom. Morb. II. p. 33.

† Incipit a lepore nasi, et augmentatur apostema, et expanditur in facie totâ. Avicenna.

part

part of the breaſt. The face then appears much diſfigured; the mouth is drawn to one ſide; the eyelids are turgid, and cloſe up the eye; the ſymptoms of fever become more violent, and are attended with delirium. On the 4th and 5th day, veſications ariſe on different parts of the diſeaſed ſurface, eſpecially at the central part of the ſwelling. They have an irregular baſe, and are of various ſizes. The fluid contained in them is at firſt clear and watery; it becomes afterwards ſtraw-coloured and opaque, or ſometimes ſlightly livid, without loſing its tranſparency. Soon after the fluid has been diſcharged from the veſications, the excoriated ſurface is covered with a yellowiſh or black irregular ſcab. The Bullæ uſually break on the 5th or 6th day, when the ſwelling begins to ſubſide, and aſſumes a yellowiſh hue. At this time alſo, there is a conſiderable remiſſion of the fever. On the 8th day, both the fever and ſwelling generally diſappear. I never ſaw this diſeaſe terminate fatally: it is, however, obſerved by authors, that ſome patients die in a comatoſe ſtate on the 7th, 8th, or 9th day. When the redneſs changes to a brown or yellowiſh hue, a ſeparation of the cuticle commences at the edges of the tumefaction, and is continued over the whole of it: a new cuticle is formed on the 10th day, and the ſcabs fall off about the ſame time.

The

The following variations occaſionally take place in the ſymptoms of this diſeaſe.

1. In young perſons of the ſanguine temperament, the tumour is ſometimes completely formed on the 2d day of the diſeaſe, and veſications appear upon it the ſame evening. The diſeaſe, in this caſe, terminates on the 6th or 7th day.

2. Old perſons are ſeldom affected with the ſwelling and redneſs till the 4th day of the febrile ſtage of the complaint. The diſeaſe is then uſually protracted to the 10th or 12th day, and deſquamation is not finiſhed before the 14th or 15th day. The veſications are not ſucceeded by ſcabs, but for ſeveral days diſcharge profuſely an acrimonious lymph.

3. I have ſeen, in one or two inſtances, both ſides of the face affected, at the ſame time, with Eryſipelas. More frequently the morbid ſide of the face is ſeparated from the other, by an exact line drawn acroſs the forehead down the middle of the noſe to the chin.

4. Sometimes the diſeaſe, after it has diſappeared on the 8th day, ſuddenly returns with the ſame violence as at firſt, and continues two or three days.

5. The

5. The ſwelling, in ſome caſes, terminates with a partial ſuppuration *. This takes place chiefly at the upper part of the cheek, and in the eye-lid.

6. The parotid and ſub-maxillary glands enlarge, and become highly inflamed, ſometimes with the ſwelling of the face, but more frequently on its decline: theſe glandular tumors often end in tedious and painful ſuppuration.

The Phlegmonic Eryſipelas affecting the lower extremities †, commences with violent ſhiverings, ſucceeded by heat of the ſkin, and fluſhing of the face, a ſenſation of laſſitude, ſickneſs, thirſt, a white tongue, a frequent ſharp pulſe, general uneaſineſs, and loſs of ſleep. The tumor, which appears on the third day of

* "A circumscribed cavity, containing laudable pus, is never seen in the legitimate Erysipelas. Where a purulent effusion happens in any considerable degree, it affords, when the part is examined, a sensation similar to that excited by a quagmire or morass. In that sort of suppuration, which sometimes supervenes to Erysipelas, the cellular membrane suffers great injury, and not uncommonly the part is in a gangrenous condition." Pearson, Principles of Surgery, § 289.

† Rudius, De aff. extern. L. 16 Plater. Obs. Lib. II. p. 483. Le Dran's Surg. Vol. II. p. 344. Wiseman, Chap. VI. case 4 & 5. Amat. Lusitan. Cur. Med. 25. Cent. II. Gabelchover. Curat. Med. Cent. III. &c. &c.

theſe

theſe ſymptoms, extends on the fore-part of the leg, from a little below the knee, to the inſtep, or ſometimes to the ſides of the foot: its colour is an intenſe ſhining red, nearly continuous: it is likewiſe attended with a ſenſation of burning heat, and with excruciating pain, ſo that no preſſure, not even the weight of a ſheet, can be born upon it. Large Bullæ or Veſications appear over the whole diſeaſed ſurface on the 4th day. They break ſpontaneouſly in about 24 hours, and a prodigious quantity of acrid lymph is diſcharged. The febrile ſymptoms continue long after this period; the pain is very ſevere, eſpecially during the night, and, if the cuticle has been extenſively detached, the conſequent ulceration, which has an uneven and very irritable ſurface, requires the attention of the ſurgeon for ſeveral weeks.

It is obſerved by many writers, that the Eryſipelas * affecting the lower extremities begins in the inguinal glands, and extends from thence to the feet. I have ſeldom remarked this progreſs of the diſeaſe, but

* Gravi Erysipelate affecti, primo tumorem, ruborem, ac dolorem, sentiunt in inguinum adenibus, unde posteà materia ferventissimæ & adurentis quasi naturæ ad pedes descendit. Hoffman. See Frank. II. 52.

Qui in cruribus afficiuntur Erysipelate, prius circà inguina ejusdem partis dolent, cum glandularum nonnunquam tumore. H. Fabricius ab Aquapendente, and Burserius, vol. II. § 22.

I have ſeen the glands of the groin ſwell, and become inflamed ſecondarily, when the Eryſipelas has been for ſome time ſeated in the leg, as above deſcribed.—It has alſo been ſaid, that eryſipelatous tumors often ſuddenly diſappear, in conſequence of which, a violent diſorder of the brain, lungs, or other internal parts, is immediately produced: ſuch inſtances of metaſtaſis, however, I believe, ſeldom happen, if the diſeaſe be properly treated.

When the Eryſipelas phlegmonodes is ſeated in the hand, it firſt affects the thumb, or one of the fingers, with a painful ſwelling, redneſs, and veſication, and then gradually extends to the wriſt and back of the hand, and to about the middle of the fore arm. One or two eryſipelatous patches are ſometimes formed near the joint of the elbow. Loſs of appetite, with a white tongue, and febrile ſymptoms, attend this complaint: the pain is always excruciating, and during the night it is much aggravated, ſo as to preclude reſt till towards morning, when ſome alleviation of it uſually takes place. The diſeaſe continues thus for 10, 12, or 14 days, when the pain and ſwelling begin to abate, the cuticle deſquamates, and for ſome time afterwards the ſkin of the parts affected remains tender, and ſlightly diſcoloured. In ſome unfavourable caſes,

matter

matter * forms, during the ſecond week, on the fingers, on the back of the hand, and on the arm: I obſerved, in one inſtance, a pouch formed near the elbow, from an effuſion of ſerous fluid under the aponeuroſis of the biceps muſcle. The pain and irritation kept up during the ſuppurative proceſs are extreme: when irregular ſinuſes take place, ſome of them communicating from one ulceration to another, the patient's miſery is protracted for many weeks, and the muſcles or tendons chiefly affected, ſuffer a material injury.

2. The ERYSIPELAS ŒDEMATODES, uſually affects the face, the breaſt, or ſome of the extremities. It has not ſo diſtinct an acceſſion as the foregoing ſpecies, being only preceded by general debility, languor, ſickneſs, and flying pains. The ſwelling extends very gradually, and is three or four days in arriving at its height. It is of a pale red, ſometimes of a yellowiſh brown colour, and has a ſmooth, ſhining ſurface: if it be ſtrongly preſſed with the finger, the pit remains for a ſhort time afterwards. Veſications are formed on the 2d, 3d, or 4th day from the commencement of the ſwelling,

* See Wiseman on Erysipelas, Cases 3 and 6.

In ulcerato plus utique periculi metuendum, et ægris, et medicis, et per longum sæpe tempus detinet, ægrè consolidandum. Hoffmann, De Febre Erysipelatosâ, § IV. and Obs. I.

being in general numerous, of an irregular form, and but little elevated. They are preſently ſucceeded by thin, brown, or blackiſh ſcabs, from the edges of which, a clear lymph exudes in great abundance*.

As the ſwelling advances, a more conſiderable diſorder of the conſtitution is produced. The tongue becomes white, the pulſe is ſoft, frequent, and ſometimes irregular. The face, under this complaint, is much enlarged, ſo as almoſt to reſemble a bladder diſtended with water: the eyes are often totally cloſed; at the ſame time delirium takes place, and is ſoon after ſucceeded by coma. Theſe ſymptoms, in many caſes, terminate fatally about the 8th day of the diſeaſe. In other inſtances, the tumor, the ſerous diſcharge, and the oppreſſed ſtate of the brain, continue to the 12th, 16th, or perhaps to the 20th day. Some patients die, after lingering to this late period; others recover ſtrength and health very ſlowly.

A ſlighter kind of this complaint occurs every ſpring and autumn, or perhaps at ſhorter periods, in ſome per-

* Altera verò ſpecies minori ardore et rubore ſe offerens, extuberantiâ tamen majore, magisque expansâ, Erysipelas œdematodes dicitur, in quo veſicæ quoque interdùm prodeunt subalbidæ, e quibus apertis, serosus humor vel saniosus, tandemque pus, effluit. Plater. De Superf. Corp. dol. p. 663.

ſons,

ſons, chiefly females of a weak conſtitution*. It ſeems to be a ſequel of long continued pains in the head, or of other internal diſorders.

3. The ERYSIPELAS GANGRÆNOSUM, begins ſometimes in the ſame manner as the phlegmonic †, ſometimes like the œdematic Eryſipelas. It generally affects the face, and is attended with a ſmall and weak pulſe, a brown fur on the tongue, and delirium; this, in a few days, is ſucceeded by a comatoſe ſtate, which remains through the whole courſe of the diſeaſe. The ſwelling exhibits a dark red, inclining to a livid hue. It is puffy or ſoft to the touch, and extends from the face ſometimes to the breaſt, ſhoulders, and arms. Scattered Phlyctænæ (DEF. XI.) form upon it, within a day or two: they contain lymph of a browniſh co-

* Senibus cachecticisque corporibus, vel et mulieribus quæ menstruorum suppressione laborant, Erysipelas interdùm habituale redditur, et verno imprimis vel autumnali tempore, aut quod vidimus mense quovis periodicè redit, ut plurimùm impetu febreque carens, sed cum crura frequentiùs petierit, ulcera non rarò in iisdem rebellia, aut duritiem cutis cum tumore pedis nec per vitam solvendam, inducit. Frank. II. 43.

† Procedente morbo, uti primùm Febris dolorem, tumorem, ac alia peperit symptomata, quæ indies ingravescentia nonnunquam in Gangrænam terminantur, ità hæc invicem haud mediocrem ad febris augmentum operam conferunt. Sydenham.

lour

lour, or ſlightly livid, and the ſkin at their baſes frequently becomes black and gangrenous. On the cheeks and other parts, deep ulcerations ſometimes take place with livid edges, and diffuſe a thin purulent matter in the cellular membrane around them. Mr. Pearſon obſerves, "In the Gangrenous Eryſipelas we meet with little caverns, and intercurrent ſinuſes in the tela Celloſa, containing an ill-conditioned pus; and in thoſe caſes, conſiderable ſloughs formed by the cellular membrane, &c. are evacuated from the ulcer *."—The upper eyelid frequently becomes hard, and brown, or blackiſh, and at the latter end of the diſeaſe ſphacelates: from the injury done to the ſkin and ciliary muſcles, the eye cannot afterwards be perfectly cloſed.

The dangerous tendency of this ſpecies of Eryſipelas is noticed by Hippocrates †. It does not prove univerſally fatal, but it is always tedious and precarious. The ſwelling and the febrile ſymptoms are protracted to the 20th day of the diſeaſe, or in ſome caſes beyond it: two or three weeks more elapſe before the gangrenous ſloughs ſeparate, and before the ulcerations manifeſt a diſpoſition to heal.

* Principles of Surgery, § 308. See above page 492, note.

† Επι Ερυσιπελαϊ σηπεδων, η εκπυησις, (κακον.) Aph. 20. Lib. VII. See Galen. Comment.

Sauvages

Sauvages has arranged under Eryſipelas, the fatal epidemic diſeaſe, termed by the French hiſtorian Mezeray, and others, Feu ſacrè, Feu St. Antoine, Mal des Ardens *, &c. I need not enter minutely into the hiſtory of this ſingular and moſt dreadful diſtemper, which is now known to originate from ergoted † rye, uſed as food.

* The first regular account of this disorder, was published by the Medical Professors at Marpurg, in the year 1597. See Hildanus, Obs. 69. Cent. II. Act. N. C. Dec. III. Ann. IV. Obs. 234, &c. Miscel. Nat. Cur. Cent. V. Obs. 82. and Hoffmann, Vol. I. Part II. Cap. 9. A full investigation of the subject, with references to authors, may be found in the Philosophical Transactions, Vol. LV. page 110, and in the Memoires de la Societè R. de Medicine, for 1776, pag. 303.

† Secale cornutum, *Ergot*, solum secale, vel duas aut tres alias plantas graminaceas Alpinas, infestans.—Vegetatio est irregularis grani secalini, quod substantiam quasi mediam inter granum et folium adipiscitur, coloris fusce viridis, irregulariter compressi, sæpe xiv vel xv lineas longum, ii latum. Tissot from Haller.

A minute description of the Ergot in rye, is given by M. Tessier, who by feeding or cramming Turkies and other animals with it, produced in all of them the dry gangrene, and death.

The Morbus Hungaricus (Sennert. De Feb. L. IV. Cap. 14.) and some other diseases, reputed pestilential, might be added to the list of epidemics, occasioned by the Ergot; or by a similar degeneration in other grain.—The Sweating-sickness, which occurred more than once in England, at the beginning of the sixteenth century, was perhaps owing to some disease or depravation in wheat, or to some noxious vegetable, growing

food. The ſymptoms of it may be divided into three ſeries or ſtages:

1. Diſtreſſing heat, with tenſive pain in the ſtomach, a ſenſation of creeping and prickling under the ſkin, ſucceeded by violent contractions of the muſcles, and moſt excruciating pains in the limbs.

2. Fever, ſevere pain in the head, terminating in

growing with it in particular situations. This disease extended chiefly over the northern counties, but neither affected the inhabitants of Wales, nor of Scotland, who did not, at the period mentioned, eat wheaten-bread. "Qui montana Cambriæ incolunt, caseo, lacte, pane avenaceo atque hordeaceo vivunt: Hiberni autem et Scoti dùriùs, &c. &c. Car. Claromontii, De Aëre, loc. & aq. Terræ Angliæ," pag. 36.—A similar disease appeared, A. D. 1529, in Denmark and Norway, Holland and Flanders, at Hamburg, Bremen, Lubeck, Dantzick, Cologne, &c. See Forestus, de Feb. pag. 157. Sennert. Lib. IV. c. 15. It is observed by Schiller (De Peste Britannicâ), that birds at that time fell dead from the trees "passim", with small abscesses under their wings. This he refers to a poisonous quality of the air; but was not the effect, more probably, produced by damaged grain taken as food, according to the result of Abbè Tessier's experiments? See Schenckii Obs. pag. 764. Galen has remarked, (De Alim. Facult. Lib. 1. Cap. 37.) that the seeds of Lolium temulentum mixed with wheat, or the degenerated grain, called black-wheat, will produce fever, head-ach, delirium, and gangrenous ulcers.—This subject is not closely connected with my present undertaking, but it appears so interesting, that I hope some physician of abilities will find leisure and inclination, to prosecute the research.

Phrenzy,

Phrenzy, Epilepſy, Apoplexy, Palſy, or Lethargy, and ſometimes in a total loſs of hearing and ſight.

3. Glandular ſwellings, and tubercles in different parts, ſwelling of the hands, legs, and feet, with an Eryſipelatous redneſs, and Phlyctænæ, &c. ſucceeded by gangrene and ſphacelus, under which, in ſome caſes, the limbs fall off, joint by joint.

The duration of theſe ſymptoms varies, in different caſes, from three weeks to three months; and in ſome perſons, the gangrenous Eryſipelas, or, as it is called, the dry Gangrene *, comes on, and even deſtroys the limbs, without fever, and without any previous ſuffering.

* La Gangrène sèche est caracterisée par la mortification de quelques unes des extrémités, et quelquefois de toutes. Souvent est elle précédée d'une rougeur qui n'est point inflammatoire, et de quelques Phlyctènes. Le membre s'engourdit, devient douloureux, et éprouve un sentiment de froid, ou plus souvent d'une ardeur insupportable. Les vaisseaux s'oblitèrent, les chairs se noircissent, se durcissent, la gangrene pénêtre jusqu' aux os, et le malade aux prises avec la mort, est encore heureux, si, la partie gangrénée se separant d'elle-même, il sûrvit a la perte de ses extremités. Soc. de Med. 1776.

The *Malum mortuum*, mentioned by Constantine, Gordon, &c. after some of the Arabian physicians, seems to have been either this dry Gangrene, or the gangrenous ulceration in the last stage of Scurvy. Foresti Obs. Chir. 14. Lib. V. Sennertus, Lib. I. p. 1. cap. 27. Engalenus, De Scorbuto, Obs. LX. Fernel. De Abd. rerum causis, L. II. Cap. 15. pag. 635.

4. In the Erysipelas erraticum, red patches, of an irregular form, having all the characteristics of Erysipelas (pag. 486), appear, one after another, on different parts of the body. When it affects adults, this complaint extends, in some cases, progressively from the face * to the extremities, the patches above declining, as fresh ones appear below. In other instances, the red patches arise in various situations, without any certain order, those which first appeared remaining till the whole eruption be completed. Some part of the face is usually affected with redness and tumefaction during the course of the disorder. The Eruption is attended with a quick pulse, a white tongue, and great debility. It terminates, for the most part, favour-

* Extrema materiæ ex unâ in alteram partem volubilitas, sæpe ex leviori istiusmodi affectu, mox gravissima in aliis symptomata minatur. Præter alia non pauca inconstantis morbi exempla, aliud nuper in fæminâ conspeximus, cui Erysipelas, ad decimam tertiam adeò morbi, diem, ex facie ad pedem; ex hoc verò post paucum tempus ad coxam; mox iterùm ad vultum; ex isto ad intestina; ex abdomine ad eundem iterùm pedem; nunc ad costas & pulmonem; ultimo verò, ac lethali affectu, in cerebrum conversum est. Frank de cur. hom. morb. II. p. 38.

The account of Erysipelas typhodes in Sauvages, CL. III. ORD. I. 2. seems to be taken from a particular case of erratic or gangrenous Erysipelas. The patient, a delicate lady, was repeatedly vomited and purged, and was bled fourteen times; she lived, however, to the thirtieth day of the disease.

ably,

ably, in about a week. I recollect but one caſe, in which the diſeaſe proved fatal.—A labouring man, aged 40, after much fatigue and expoſure to cold, was affected with a cough, ſhortneſs of breath, and febrile ſymptoms. Five days afterwards, an eryſipelatous patch appeared on his left ſhoulder, and another on the left leg. On the 7th day, ſimilar patches appeared above and below the knees. On the 8th, his eyelids became tumid and red. About this time, the other ſwellings aſſumed a livid hue: the febrile ſymptoms increaſed, and were attended with deafneſs and coma. On the 9th day, the tumor of the right eye extended to the temple, upon which ſmall Phlyctænæ ſoon after formed. On the 11th and 12th, the patient ſeemed totally inſenſible; his pulſe became feeble and irregular, and he died on the following day.

There is a ſingular ſpecies of Eryſipelas, which affects infants newly born. In ſome inſtances, the diſeaſe has been connate: more frequently, however, it appears a few days after birth *, on one ſide of the face, or on the neck, back, and arms, but eſpecially about the navel, being attended with redneſs, and a painful tumefaction. It ſoon extends, in irregular

* In a few cases, it has occurred in the 3d, 4th, and even as late as the 6th month. Dr. Underwood, p. 34. & Act. nat. Cur. Vol. VII.

patches, to the genitals, to the thighs, and down to the feet, and the ſwellings are ſucceeded in a day or two by Phlyctænæ (DEF. XI.). During their progreſs, the child is feveriſh, reſtleſs, and unwilling to ſuck. The complaint often terminates favourably in ten or twelve days. It is, however, to be obſerved, that the Eryſipelas, thus affecting infants, aſſumes in many caſes the gangrenous form, the redneſs ſoon changing to a purple or livid colour, after which the integuments of the abdomen, nates, and lower extremities, exhibit ſphacelated ſpots. If the child live, under this ſtate, a ſufficient length of time, ſome of the toes or fingers, or even the genitals, are nearly deſtroyed by the mortification. The diſeaſe, however, uſually terminates in death, before any ſlough or ſeparation can take place *.

The Maculæ volaticæ infantum of Sennertus, which, it has been obſerved (pag. 28), ſeem to coincide with the Strophulus volaticus, deſcribed in a former part of this work, are thought by ſome authors to refer likewiſe to the Eryſipelas affecting new-born infants. Sennertus's † account of them, is as follows: "Libelli

* Umbilicalem regionem in infantibus frequentiùs infestat, ac indè per abdomen spargitur cum gravibus pathematibus, funesto utplurimùm eventu. Hoffmann.

† Lib. V. Part iii. Sec. 1. Cap. 6. Compare Sebizii Manual. Part. VI. Cap. 32. De Volaticâ.

practici

practici Germanici, ut in Gabelchoveri Practicâ, et Promptuario medico Wittichii, et aliis, videre est, faciunt inter morbos pueriles mentionem affectûs, Der Flug appellati, quem nunquam vidi. Describunt autem, quod sint Maculæ quædam volaticæ, rubræ, vel purpureæ, in cute hinc inde serpentes, quæ si orificium aliquod, os puta, nares, oculos, aures, nates attingant, et eousque penetrent malum, lethale fieri: quæ Maculæ, si dantur, proculdubiò Erysipelatis species sunt."

In the Miscellanea Curiosa * for the year 1684, a distinct case of the infantile Erysipelas, is given by Dr. J. Burgius, in which, all parts of the body were affected successively, excepting the breast, the chin, and the prominent part of the forehead. The disease terminated favourably, by desquamation, in about three weeks.

This complaint is denominated Herpes erysipelatosus seu volaticus infantum, by Dr. Buckner, Miscellanea-Physico-Medico-Mathematica, Ann. 1727; and by Dr. J. H. Furstenau, (Act. Nat. Curiosor. Tom. IV. Obs.

* Dec. II. Ann. iii. pag. 334. The case is quoted, Medical Communications, Vol. II. p. 42.

35*.) both of whom have noticed the fatality of it, and have favoured us with ſeveral intereſting obſervations. —A caſe of the Herpes eryſipelatoſus, occurring in a child ſix months old, is given by Dr. Schlierbach, Tom. VII. Obſ. 66. He ſays, Eryſipelas cum effloreſcentiis a facie, pectus et humeros ulteriùs ſerpendo occupabat, hisque relictis, dorſum et abdomen pervagabatur ſucceſſivè, cum inſigni ſcroti intumeſcentiâ, multumque tunc negotii faceſſebat, ſiquidem etiam veſiculæ pellucidæ hinc indè interſperſæ adparebant, donec ſpatio trium hebdomadum totum corpus derelinqueret, priſtinaque ſanitas rediret, poſtquam internè uſus alexipharmacorum et temperantium, unà cum decoctis ex lignoſis et anti-catarrhalibus paratis; externè verò leniter exſiccantia et camphorata ſimul, in ſubſidium vocata fuerant. Battenbergæ d. 4 Jun. 1724.

An enlarged account of this diſeaſe, with caſes and obſervations, appears in the 2d Vol. of Medical Communications, publiſhed by the Society for promoting Medical Knowledge; London, 1790. Dr. Bromfield ſtates the caſe of a child, "born with its whole face

* Compare Tom. VIII. Obs. 97. where, he observes, the disease was less fatal to female children than to boys.—De scroto funesto eventu affecto, passim observationes prostant;—genitalia in puellis, natesque, impunè affecta, subindè vidi.

ſwelled

ſwelled and inflamed, particularly the left ſide of it, which had the true eryſipelatous appearance. The legs, feet, and hands were likewiſe ſwelled and inflamed, and, on each tibia, there was a dark-brown or livid ſlough of an oblong form; that on the left, extended almoſt two-thirds of its length, was nearly an inch in diameter, and had a granulated appearance; that on the right was not ſo large. The ends of the toes felt cold, and were covered with black ſloughs."—On the 3d and 4th day, numerous veſications formed on the face and legs, which, when broken, diſcharged a ſanious fluid. On the 7th day, a yellow ſlough appeared on the metatarſus of the left foot, near the leſſer toes; this in a day or two became quite black.—On the 9th, the ſloughs began to ſeparate; on the 10th day, the cuticle and ſome of the nails of the toes of the left foot came away with the dreſſings, leaving the toes covered with a new cuticle. On the 15th and 16th, the thick ſloughs came off from the tibiæ, and left the denuded parts of a florid good colour.—On the 16th and 17th, the ſloughs were ſeparated from the cheek and forehead; that on the metatarſus did not come away till the 19th. On the 18th, ſome aphthæ were obſerved on the tongue and lips, but they ſoon diſappeared. "On the 25th, the ſloughs from the hand ſeparated, when the little finger, and two joints of that next to it, came away on the dreſſings. Five days after

after, one joint of the middle finger came away in like manner. On the 32d day, the child was removed from the Hoſpital."—Dr. Bromfield ſaw this infant ten days afterwards, in perfect health.

In the caſes recorded by Dr. Garthſhore, the diſeaſe chiefly affected the genitals, and the abdomen, near the umbilicus. More than two-thirds of the patients recovered.—Of eight who died, five were carried off ſuddenly in leſs than 48 hours. In one, who had the Eryſipelas on the left arm, ſuppuration took place at the back of the hand, and alſo near the elbow: the other arm and the legs were ſoon after affected with redneſs and tumefaction; and on the 11th day, the abdomen, as high as the navel, became tumid, and of a dark red, or purple colour. On the 12th day, the ſkin of the nates and loins was variegated with gangrenous ſpots and pale interſtices, and the redneſs extended round the neck to the roots of the hair. This child died on the 13th day.—"In two other caſes, the inflammation ſeized the genitals with ſuch violence, that veſication and mortification came on ſo rapidly, as to render all of endeavours to relieve the complaint ineffectual. One theſe patients died on the third, the other on the fourth day." Dr. Garthſhore further remarks, "More children have died when the genitals were firſt affected, than when the diſeaſe attacked any other part."

To

To theſe accounts of the infantile Eryſipelas, Dr. Underwood adds, "Upon examining ſeveral bodies after death, the contents of the belly have often been found glued together, and their ſurface covered with inflammatory exudation, exactly ſimilar to that found in women who have died of puerperal Fever. In males, the tunicæ vaginales have been ſometimes filled with matter, which had evidently made its way from the cavity of the abdomen, and accounts for the appearances of the organs of generation juſt now deſcribed: in females the labia pudendi are affected in like manner, the pus having forced a paſſage through the abdominal rings *. —"In a few inſtances, the diſeaſe has been attended with ſome varieties. Infants have not only come into the world with ſeveral hard and ſub-livid inflammatory patches, and ichorous veſications about the belly and thighs, but with other ſpots already actually in a ſtate of mortification. A large eſchar has ſoon ſpread upon the ſpine of the tibia, with ſmaller ones about other parts of the legs, and on ſeveral of the toes and fingers." Pag. 37.

An appearance, which has taken place, in a few caſes,

* On the diſeaſes of children, Vol. I. p. 35.

ſoon after inoculation with variolous matter, ſeems referable to Eryſipelas. The arm inoculated becomes within 30 hours, red and conſiderably ſwollen from the ſhoulder to the elbow. On the 4th or 5th day of the inoculation, the redneſs and ſwelling appear on the fore-arm, and before the end of the 6th day, they extend in patches down the back. On the 8th and 9th day, the hands are much ſwollen, and ſometimes veſicated, and the redneſs is diffuſed over the legs and inſteps, with ſymptoms of Fever, difficulty of breathing, and violent irritation. Of two infants, thus affected, one died on the 14th day after inoculation, the other on the 15th, the Small-pox not having appeared. One of them, aged four months, was inoculated from the confluent chryſtalline ſpecies of Small-pox; the other, aged three months, with recent fluid, taken from a favourable ſubject in the Hoſpital.—A ſimilar complaint occurs, about a fortnight after the variolous eruption has begun to decline, in ſome caſes, both of the natural and inoculated Small-pox*: it continues for a week or two, extending gradually in large and elevated patches

* All the appearances described, have been likewise observed two or three weeks after Vaccine Inoculation. See the cases stated by Mr. Maddock, Dr. Clutterbuck, and Dr. Barry, in the Medical and Phyſical Journal for 1801; and by Mr. Morrison, in the Medical and Chirurgical Review, Vol. IX. pag. 389.

over

over the whole body, with partial veſication: during its progreſs, the patient ſuffers greatly from heat, fever, loſs of ſleep, and frequent nauſea or vomiting.

I have obſerved, in ſome caſes, at nearly the ſame period after the Small-pox, another appearance, which is attended with fever, and in general conſidered as eryſipelatous *, but which, perhaps, may be properly ranked with the Erythema marginatum, page 477. A circle is formed round the vertex, with a dark-red and elevated circumference, including an area of a more dilute red colour. The area gradually dilates, the border advancing a little daily. Thus, in ſix days, it paſſes over the face and ſcalp to the neck, and produces a conſiderable ſwelling of the face, and of the eye-lids. The red border then proceeds from the ſhoulders and axillæ, down the arms, and along the trunk of the body, which it nearly ſurrounds; at the beginning of the third week it reaches the groin; afterwards it encompaſſes the thighs †, and in a few days extends to the feet, producing a conſiderable tumor of the inſtep. The hands, in like manner, when the border has paſſed on to them, become hard, ſwollen, and contracted.

* "The redness has the appearance of an Erysipelas, and is attended with swelling and hardness of the skin." Dr. Winterbottom.

† See PL. XXXIII. Fig. 2.

For two or three inches behind the elevated border, the ſkin remains reddiſh, or ſtreaky, ſo that when the abdomen is affected, it appears as if encompaſſed by a pink ſaſh or girdle. At a greater diſtance, the ſkin becomes of the uſual colour, unleſs it be chequered with patches of redneſs, which in ſome caſes appear, from time to time, but do not continue long. The parts over which the border has paſſed, deſquamate in ſucceſſion. A month, reckoned from the beginning of the complaint, ſometimes elapſes before a new cuticle is formed.

In one caſe, the red circle firſt appeared round the neck, with much pain and ſwelling of the lymphatic glands; it then advanced over the face and ſcalp, and, at the ſame time, another red border proceeded downwards, over the cheſt and trunk of the body, to the lower extremities. Mr. Wachſel ſhewed me lately, at the Inoculation Hoſpital, a caſe of this kind differently modified. About 20 days after the decline of the natural Small-pox, he obſerved on a child two red circles advancing as above deſcribed, one from the vertex downwards, the other from the ancle or inſtep upwards. On the day, in which theſe circles met, in their progreſs over the trunk of the body, the child died.

The chief exciting cauſes of Eryſipelas are intemperance, and expoſure to cold after violent exerciſe, particularly

particularly in ſummer *. The diſeaſe appears in different forms according to the age and conſtitution of the perſons affected. Thoſe who are young and robuſt have the phlegmonic Eryſipelas: women, old men, children, or in general, perſons of a weak habit, are moſtly affected with the œdematous, gangrenous, or erratic Eryſipelas. Reſpecting the cauſes of Eryſipelas occurring in infants at their birth or ſoon afterwards, Dr. Garthſhore obſerves, pag. 40, "We found that, in ſeveral inſtances, the mothers had indulged themſelves in the uſe of ſpirituous liquors; but, in many others, we could diſcover no ſuch cauſe, nor indeed any other,—though, upon the whole, it has chiefly attacked the delicate children of weakly mothers."—This diſeaſe ſeldom appears but in Hoſpitals and Work-houſes, where only thoſe women can be ſuppoſed to repair, who have no hope of domeſtic comforts, and ſupport, during the pains of child-birth, or in the ſtate of weakneſs after

* Inter hæc primum locum sibi vindicant animi affectus vehementes, ira præsertim, ac terror . . . . Excludit dein Erysipelas aer nimis calidus, et intensior solis ardor, necnon vicissim subita & vehemens corporis vel pedum refrigeratio. Idem facit cibus calidus, potus exæstuans, crebra ebrietas, necnon balneum fervidius . . . . Speciatim capitis Erysipelas frequentiùs accidit his, qui diù noctuque in aere humido & pluvioso degunt: item senibus & puerperis, a frigidioris venti in unam magis partem ac fortiori actione, sæpissimè hic morbus originem agnoscit. Hoffmann, de Febre Erysipelaceâ, & Frank. II. 47.

it.

it. Inſufficient diet, in addition to the anxiety and diſtreſs often endured previouſly to admiſſion, will fully account for the reduced ſtate of conſtitution in many of the mothers, and in their offspring.

It does not ſeem neceſſary to conſider an appearance reſembling Eryſipelas, occaſioned by the ſting or bite of certain inſects, or by other cauſes of irritation, which have a temporary effect on the ſkin, without always affecting the conſtitution. The eruption produced by ſeveral animal and vegetable poiſons, and deſcribed by authors * as an univerſal Eryſipelas, ſhould perhaps be ranked under the genus Urticaria.—I think it likewiſe unneceſſary to deſcribe the ſymptomatic Eryſipelas, produced by wounds, or punctures, in the head or extremities, eſpecially when the perioſteum has been injured. This ſevere and dangerous complaint is noticed by all ſyſtematical writers on Chirurgery, ſince the time of Hippocrates †; and an efficacious mode of treating it, ſeems to be now eſtabliſhed in our Hoſpitals.

When the acrimonious lymph, contained in the Phlyctænæ or veſications of a genuine Eryſipelas, is inoculated, or caſually applied to any ſlight wound in a

* See Sauvages Nosol. Method. ERYSIPELAS.

† Sect. VII. Aph. 19.

perſon,

perſon otherwiſe healthy, it produces febrile ſymptoms, with a red and painful but diffuſe ſwelling, analogous to that of the diſeaſe, from which the virus was derived.—The Eryſipelas, however, more eſpecially the form of it intitled Eryſipelas phlegmonodes *, is not, in general, ranked by medical authors among contagious diſorders. Dr. Wells has ſtated, "ſeveral facts, which ſeem to prove that it may, ſometimes at leaſt, be communicated from one perſon to another †." —We ſhould ſcarcely expect that the erratic form of Eryſipelas, occaſionally affecting new-born infants, could be either communicated, or received, by contagion; but the following instance, adduced by Dr. Wells, on the authority of Dr. Pitcairn, deſerves conſideration. "A lady, immediately after delivery, was attacked with a fever, which was accompanied with an

* In the year 1785, I saw a young girl, severely affected with this species of Erysipelas, in consequence of exposure to cold. Her mother, a healthy woman of about 40 years of age, who had been her only nurse in the complaint, was suddenly affected on the eighth day of her attendance, with symptoms of fever, and with an erysipelatous tumor on one side of the face. No satisfactory conclusion can be drawn from a single instance, and I have not met with another in the three-and-twenty years which have elapsed since the period mentioned.

† Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge; London, Vol. II. page 213.

affection

affection of her ſkin, ſomewhat like Eryſipelas. Her child, about three days after its birth, was ſeized with that ſpecies of Eryſipelas, the French call *la gelure*, which firſt appeared about the pudenda, and afterwards extended itſelf to other parts of the body, among the reſt to the face. Both the lady and her child died after a few days illneſs: and about eight days after the death of the child, the lady's mother and the ſervant maid, both of whom had attended it during its illneſs, were attacked with Eryſipelas of the face, from which, both of them recovered."—In Hoſpitals, even the ſymptomatic Eryſipelas, produced by a wound, or a puncture, has ſometimes become contagious, and proved fatal to ſeveral perſons in the ſame ward. The diſeaſe, in ſuch inſtances, is probably combined with the Typhus or malignant Fever. In like manner (ſee page 333-4), this Fever is often complicated with an ulcerated Sore-throat, and has thus been extenſively communicated from one perſon to another, as it were under a double form.—A ſimilar complication may be ſuppoſed to take place, when the puerperal Fever* ſpreads by contagion.

* The contagious puerperal Fever, chiefly occurs in Lying-in Hospitals. See M. Pouteau's Observations, in the Mem. de l'Acad. des Sciences. This disease has been observed at Paris, Lyons, Dublin, London, Edinburgh, &c. and was generally fatal. On dissection, there appeared in the

All the ancient writers, except Galen, recommend blood-letting as a principal remedy in the treatment of Eryſipelas. This practice muſt evidently be improper in the three forms of Eryſipelas laſt deſcribed, and even in the Eryſipelas phlegmonodes, it does not always appear neceſſary. When the blood drawn is ſizy, practitioners are often induced to bleed a ſecond time *; but we generally find, in London, that repeated blood-letting aggravates the ſymptoms, and protracts the diſeaſe †. In a comatoſe or apoplectic ſtate, the application of leeches, or cupping glaſſes, at the nape of the neck, may be adviſable.

Many phyſicians object to bliſters in Eryſipelas: I have applied them occaſionally, between the ſhoulders,

the womb, peritoneum, or omentum, some degree of inflammation, with patches of gangrene. At Edinburgh, in 1774, the contagion was suppressed by ventilating the wards, by white-washing the walls and ceiling, and by cleansing the floors, bedding, and furniture.—See Dr. Hull's remarks, On Phlegmatia dolens, Pag. 46—8. Manchester, 1800.

* Sanguis, copiâ satis largâ, quamprimùm mittendus est, &c. Mead, Monita Medica, Sec. VI.

Prof. Cullen, at Edinburgh, "employed blood-letting, according to the urgency of symptoms," to the eighth, ninth, or tenth day of the disease. § 563. First Lines, and Lectures on the Practice of Physic.

† See Bromfield's Chir. Obs. Vol. I. p. 103.

with manifeſt advantage, when the face and ſcalp were affected. I muſt, however, obſerve, that it is not ſafe to put either bliſters or leeches on or near to the diſeaſed ſurface. Saline medicines, and preparations of antimony, or the compound powder of ipecacuanha, may be employed as diaphoretics, according to the circumſtances of the diſorder. The effects of Camphor and the dulcified acids, in allaying the febrile ſymptoms, and preventing too great a determination of blood to the head, ſeem to have been much over-rated by Hoffmann and other writers *.—It is requiſite, every other day, to adminiſter a gentle purgative, ſince coſtiveneſs is an uſual ſymptom of the Eryſipelas phlegmonodes. Dr. Friend thinks the uſe of active purgatives indiſpenſable in this diſeaſe, and has made ſome general remarks on the ſubject, which deſerve attention †.

Eſt et aliud morbi genus, idque ſatis periculoſum, in quo etiam, cum minimè deferbuerit febris, ità mirificè proficiunt purgantia, ut aliquandò ſine iis ad ſanitatem perveniri non poſsit. Morbus is eſt capitis Eryſipelas. . . . Satis mihi experimentis edoctus eſſe videor ut pronuntiem, ſiquandò cerebro tentato oboriatur coma, de-

* See Hoffmann, De Feb. Erysipel. &c. &c. Riverii, Obs. Med. 18. Cent. XI.

† Commentarii De Febribus, pag. 135-137.

lirium

lirium, nervorum diſtenſio, aut nullam ſubeſſe ſpem ſalutis, aut purgantia maximè profectura: neque in his rerum anguſtiis expectandum eſſe, quod et in Variolis experimur, dùm vel febris lenita ſit, vel tumor planè ſubſederit. Quodſi morbum jam ad extrema perductum ſubmovere poſſit purgatio, certè eadem temporiùs adhibita, ne is ità longè ſerpat, præcavebit.—Compare Rodericus a Fonſecâ Conſult. Med. 44.

In the Eryſipelas œdematodes, we ſhould employ bliſters, diaphoretics, volatile alkali*, and purgatives, during the firſt three or four days, and afterwards Peruvian bark, conjoined with diuretics. By theſe means, the duration of the complaint may be conſiderably ſhortened.

In the Eryſipelas gangrænoſum, a free uſe of the

* "In these disorders, (as well as in the Scarlet fever (page 377), whether common or malignant, I generally give about six grains of the volatile alkali (carbonate of ammonia) at a dose, either in a state of solution, or made into pills, ordering the dose to be repeated every two, four, six, or eight hours, as the degree of disorder, or the urgency of symptoms may seem to require."—Dr. Peart's Practical Information on Erysipelas, Erythema, &c. &c. London, 1802.

"It would be imprudent in me to say positively that the volatile alkali is a specific in these disorders, but I certainly can say, that its effects have constantly been such, in my practice, as powerfully to incline me to think so, and to excite me to hope it will be found so." Do. page 24.

bark * is neceſſary throughout. The mineral acids, and opium in moderate doſes, are likewiſe of great utility. In other reſpects, the plan and regimen is the ſame as in malignant Fevers.

The Eryſipelas erraticum requires nearly the ſame treatment as hath been already directed for the Eryſipelas œdematodes. When this diſeaſe affects infants, and ſhews a tendency to gangrene, the powder of Peruvian bark, or ſome preparation of it, ſhould be diligently adminiſtered. Beſides this remedy, the Phyſicians of the Britiſh Lying-in-Hoſpital applied ſpirituous embrocations, particularly the camphorated ſpirit of wine, with ſignal ſucceſs. Dr. Garthſhore† obſerves, "I know but of one inſtance, wherein this mode of treatment, when early and regularly purſued, has not proved ſucceſsful; and even in that, its efficacy in protracting life, ſeemed conſiderable." He adds, "There is no diſeaſe in which I can ſpeak of the apparent good effects of the bark with more confidence than in this. Beſides what I have ſeen of its efficacy in the Hoſpital, I have had ſeveral opportunities of pre-

* "Dr. George Fordyce, for upwards of twenty years, had been accuſtomed to give, at St. Thomas's Hospital, a drachm of the Peruvian bark in powder, every hour, in dangerous states of the Erysipelas."

DR. WELLS.

† Med. Communications, Vol. II. pag. 34. 37.

ſcribing

ſcribing it for the ſame appearances (though in a milder degree), in private practice. I have often ſeen the diſeaſe, after attacking ſucceſſively all the different parts of the trunk and extremities, at length yield to the continued uſe of this remedy."

" Saturnine applications, in ſome of our firſt caſes, where the bark was given internally at the ſame time, were thought to be uſeful; yet, from a variety of inſtances, which have occurred ſince, I think I am juſtified in concluding, that when uſed by themſelves, they were ſo far from ſuſpending, that they ſeemed to accelerate the fatality of the diſeaſe. For this reaſon they have been laid aſide at the Hoſpital for many years."

External applications are ſeldom neceſſary in the other forms of Eryſipelas. In order to allay the irritation produced by the acrid diſcharge from the broken veſications (pag. 490-3), we may, from time to time, advantageouſly foment or waſh, the parts affected, with milk, bran and water, thin gruel, or a decoction of elder flowers and poppy-heads.

ORDER IV.

II. PEMPHIGUS.

THE PEMPHIGUS * is an acute diſeaſe, characterized by an eruption of Phlyctænæ, or Veſications with an inflamed baſe, appearing in ſucceſſion on different parts of the ſurface of the body, and ſometimes in the mouth. It differs from Eryſipelas in its progreſs and duration, but it is more particularly diſtinguiſhable from that diſeaſe, as it does not exhibit any tumefaction, or redneſs, of the parts on which the veſications appear.

* This disease is termed by the German physicians, Febris bullosa, ampullosa, or, vesicularis.

In Febre pemphygode, ampullosâ dictâ, tàm facies et os, quàm caput et aliæ partes corporis, bullulis hinc indè protuberantibus interstinctæ observantur. Etmuller de Febribus acutis, pag. 288. Compare Delii Amæn. Med. Dec. I. Vogel, De Morb. cogn. et curand. § 159. Burserii Institut. Med. Pract. Vol. II. Cap. 7. Macbride's Introduction, II. 389.

The varieties of Pemphigus, deſcribed by medical writers, may be arranged under the titles, Pemphigus vulgaris, Pemphigus contagioſus, and Pemphigus infantilis. Having never myſelf ſeen an inſtance of either of the former, I cannot do more than ſtate what has been ſaid reſpecting them by authors.

1. The PEMPHIGUS VULGARIS coincides with the Pemphigus major of Sauvages, and the Febris veſicularis catarrhalis of Delius*. From the different accounts of this complaint, it appears, that after a ſeries of febrile ſymptoms, as ſhiverings, heat of the ſkin, head-ach, thirſt, nauſea, a ſenſe of oppreſſion, with anxiety in the ſtomach and cheſt, difficulty of ſwallowing, and often a delirium, the Bullæ ariſe, with a ſlight redneſs at their baſes, generally on the ſecond or third day, but, in ſome caſes, on the fourth, fifth, or ſixth day. They are, at their firſt appearance, very ſmall, but within forty-eight hours, they increaſe to the ſize of a filbert or a walnut, and are ſurrounded by a dark red border: they are diſtributed over all the ſurface of the body, and ſometimes over the tongue, fauces, and inſide of the cheeks. The eruption of them takes place ſucceſſively, and is, in different caſes, compleated in four, ſix, or eight days:

* Amænitates Medic. Dec. I. Cas. 9.

during

during that time, the febrile ſymptoms, in which there are only ſhort remiſſions, denote conſiderable danger. As the bullæ or phlyctænæ decline, the contents of ſome of them become yellowiſh, of others ſlightly livid. When they are broken, the ulcerated ſurface appears alſo livid, and diſcharges a thin ſerous fluid for ſome days, being finally covered with a black or yellowiſh ſcab. Two or three weeks elapſe before theſe ſcabs dry off, and the cuticle is reſtored.

I quote the following caſe at large, as it ſeems to have been the prototype of the deſcriptions of Pemphigus in ſeveral Noſologies.

D. Ch. Seliger, de Febre Pemphygode, seu Bullosâ.

" Minimè rectè eos ſentire autumat Cous (De rat. vict. in acut.), qui morbos in minutioribus differentes, uno eodemque nomine nuncupare nefas eſſe ducunt. Licitum itaque erit, ſequentem caſum ad Febres bulloſas referre, quantùmvis ampullæ non tantùm fauces ſed alias etiam corporis partes externas occuparint. Anno 1667, 25° Auguſti, Frid. Klimpel, quinquagenarius, et in ſuburbio noſtro degens, vicino ſuo in tegendâ novâ domo ſuppetias fert: in culmine autem conſtitutus, malignâque quâdam aurâ perculſus, in-

opinatò dolorem capitis graviſſimum, cum calore præternaturali conjunctum, perſentiſcit. Sequenti mane accerſitus audio patientem de intenſiſſimo calore, capitiſque dolore immaniſſimo, cum interiorum horripilatione quâdam, querelas agentem. Rebus ergo ſic ſtantibus, pro more mihi conſueto, ad nobiliora bezoardica, et alexipharmaca præcipitantibus mixta, ſtatim confugiebam, præſcriptis aliis pro calore et fermento febrili compeſcendo, et pro levando capitis dolore. Circà ſolis occaſum advolat uxor ejuſdem, faciemque mariti mirum quantùm intumuiſſe refert. Ego, cùm virium naturalium præſentiam exquiſiviſſem, eandem bono animo eſſe jubeo, et continuationem prædicti pulveris impero. Aug. die 27°: Patientem rurſus viſito, faucesque ejuſdem, et faciem bullis adeò defœdatam deprehendo, ut vix cognoſcibilis eſſet: immò ipſe etiam collum, manus, thoracem, tibiaſque, et alias corporis partes, quæ libero jovi fuerant expoſitæ, bullis majusculis inſtar globulorum quibus pueri ludunt contectas monſtrabat, ut ne hilum genuinæ et naturalis cutis dignoſcere poſſem: calor verò præternaturalis nonnihil remiſerat, reliquaque ſymptomata non adeò urgentia erant: ideòque a medicaminibus non deſtiti, et ſic intrà octiduum patientem, deo benedicente, priſtino vigori reſtitui *.

* See Ephem. Ac. Nat. Cur. Dec. I. Ann. viii. Obs. 56.—A similar case is recorded by Schenckius, Obs. Med. 2. L. VI. p. 771.

The firſt author, who employs the term Pemphigus, is Sauvages. To the hiſtory of the diſeaſe, abſtracted from the above narrative, and from the Amœnitates Medicæ, he has added ſome ſlight particulars of a caſe under his own obſervation. "Primùm illum obſervavi Anno 1725, in Noſocomio Monſpelienſi, apud militem cui, in Febris acutæ continuæ initio, numeroſæ in abdomine et femoribus exoriebantur veſicæ hemiſphæricæ, pellucidæ, in ambitu rubræ, quibus correptus fato ceſſit."—The title Pemphigus is likewiſe applied in Sauvages's Noſology, and in ſeveral Medical Journals, &c. &c. to an eruption of Bullæ, without fever. Caſes of this kind I propoſe to conſider under the next genus.

Dr. Winterbottom, phyſician to the colony at Sierra Leone, deſcribed to me an eruption, reſembling that of Pemphigus, which he had obſerved on the ſecond day of an intermittent or remittent Fever.—"A black woman, aged about forty, was affected in the afternoon of the 14th of Auguſt, with a paroxyſm like the cold fit of an Ague, for three quarters of an hour. This was ſucceeded by great heat, reſtleſſneſs, and anxiety, which ſymptoms continued nearly through the night, and then terminated by a profuſe perſpiration. On the 15th, ſhe felt a troubleſome itching on one arm, and obſerved there an eruption of veſicles or bullæ. The

ſize

ſize of them preſently equalled that of a filbert nut.—In the evening, ſhe had a return of the febrile heat, followed by ſtrong perſpiration, but not preceded, as before, by a cold ſtage.—When I ſaw her on the 16th, ſhe was free from complaint, but much alarmed at the appearance of the bullæ, of which there were ſix on the right arm, one above the inner condyle, the reſt on the inſide of the fore-arm. When opened, they diſcharged each about half a teaſpoonful of a thin yellowiſh fluid, and in a few days, the ſuperficial ulcerations were ſkinned over: the paroxyſm did not return, though the only medicine adminiſtered was a dose of ſalts."

In the caſe of Pemphigus reported by Dr. Dickſon to the members of the Royal Iriſh Academy *, a middle-aged delicate woman, who had been much fatigued by attending her huſband through a low Fever, was herſelf affected with ſymptoms of fever, and with a ſore-throat. On the 4th day of the fever, there were large veſications on the tongue and inſides of the cheeks, filled with yellowiſh ſerum. On the 5th and 6th days, ſimilar veſications appeared ſucceſſively, on her cheſt, right arm, neck, and cheek. Others, of different ſizes, appeared on the 9th, 10th, and 13th days, chiefly over the abdomen. Each ſet of veſicles conti-

* Transactions, Vol. I. 1787.

nued four or five days, when the lymph was diſcharged, and the cuticle became ſhrivelled. The fever was, at firſt, attended with delirium, and, at the latter end, with conſiderable diſorder of the ſtomach and bowels; theſe ſymptoms abated on the 15th day, on the appearance of the catamenia, and the patient was ſoon afterwards reſtored to health.

Dr. Dickſon mentions, as a peculiarity of this diſorder obſerved by him in two inſtances, "that the veſicles took poſſeſſion of the internal parts of the body, and proceeded in ſucceſſion (ſome riſing, while others decayed) from the mouth downwards, through the whole alimentary canal."—The principal remedies employed by him in this caſe, were Peruvian Bark and anodynes.

2. PEMPHIGUS CONTAGIOSUS. The only circumſtantial account of an epidemic and contagious diſeaſe, anſwering to the definition of Pemphigus, is given by a Swiſs phyſician, Dr. Langhans, in the Acta Helvetica*, Tom. II. pag. 260.—Dr. Cullen thinks the diſeaſe there deſcribed, muſt have been the malignant Sore throat, and Dr. Frank refers it to the Scarlatina anginoſa.

* His Essay is entitled, Brevis delineatio Morbi qui, Anno 1752, in Valle Simmiâ, epidemicè grassatus est:—The annexed translation of it was made by my friend Dr. Cooke.

They

They are not, however, ſufficiently warranted to make this concluſion from Dr. Langhans' ſtatement of the ſymptoms, which is as follows.

" Towards the end of the laſt winter, an epidemical diſeaſe of a very peculiar nature, hitherto undeſcribed and unknown, made its appearance in this country, and prevailed, through the whole ſucceeding ſummer, in ſo violent a degree, that all perſons affected by it died. It was ſo highly infectious, that no perſon eſcaped it, who had for any length of time been expoſed to the contagion; hence it ſpread through whole families, with great rapidity."

" This diſeaſe bears more reſemblance to the Venereal diſeaſe than to any other with which we are acquainted, but with this difference, that the former proves fatal in twenty-four hours, while the latter may continue for years.—It begins with a ſlight almoſt imperceptible pain, with a ſenſe of tenſion in the fauces, extending from behind the ears to the anterior part of the thorax, accompanied by ſhivering, cold, and nauſea, as in intermittent Fevers, but with little or no heat. In ſome caſes, in the beginning of the complaint, a greeniſh bilious matter is brought up by vomiting. The pulſe is weaker than natural. The neck is often ſwelled externally; and internally in the fauces, about the uvula and the muſcles of the pharynx, bullæ, or puſtules, about

about the ſize of a filbert, are obſervable, which, however, are not accompanied with much pain. They often contain a yellow ichor, of a very diſagreeable ſmell. In other parts of the body alſo, as in the groins, between the thighs, about the pudenda, on the fingers, the lips, &c. ſimilar puſtules ariſe, from which an ichorous matter iſſues, whether the puſtules burſt ſpontaneouſly, or be opened by a lancet, which is ſometimes neceſſary, in order to prevent the ichor from injuring the ſkin, or ſubjacent parts. As the diſeaſe proceeds, on the ſecond, third, or fourth day, the puſtules in the fauces collapſe, and in their places whitiſh cruſts appear, a ſenſe of anxiety in the thorax is experienced, and the external tumor of the neck either begins to recede, or it encreaſes and degenerates into an abſceſs. If this abſceſs be immediately opened, the life of the patient will be preſerved; but, on the contrary, if a ſenſe of weight be perceived in the thorax before the ſwelling of the neck and the puſtules in the fauces have diſappeared, or the abſceſſes have been formed, the patient dies, as if ſuffocated by the burſting of an empyema."

" It is curious to obſerve, that perſons ſometimes die ſuddenly on the retropulſion of the matter of the puſtules, without any preceding ſuppuration.—The following are the uſual circumſtances obſervable, when the diſeaſe terminates favourably. Whenever it happens,

pens, that the poiſonous matter by ſome febrile action is driven from the fauces to the external parts of the body, the danger ceaſes. Thus the diſeaſe is terminated by abſceſſes in the inguinal or axillary glands, or in thoſe, which under the name of conglobate glands, begin behind the ears, and following the courſe of the jugular veins, deſcend into the thorax, and to the ſides of the aſpera arteria, and œſophagus, to the ſtomach, and to the lungs. Puſtules ariſing in other external parts, alſo afford relief. The fingers often are ſurrounded with a ſort of veſication, in which the whole of the poiſonous matter is collected, and thence at length expelled. This virus affects no parts of the body more than the above mentioned conglobate glands. It leaves the blood almoſt entirely untouched, but it ſo changes the lymph and ſerum, that the latter, after remaining a very ſhort time pent up in the glands, is changed into the matter of an abſceſs."

" The inhabitants of the diſtrict, where this virulent diſeaſe prevailed, are of opinion, that it derived its origin from the fogs which, about the end of the laſt winter, infeſted their whole country, and which are ſo unuſual at that ſeaſon. Their mode of living no doubt, renders them more ſuſceptible of this atmoſpheric poiſon. They indulge much in the uſe of ſpirituous liquors, ſuch as malt-ſpirit, cherry-brandy, &c.

&c. and they are in the habit of eating a very fat and acrid kind of cheeſe."

" The mode of treatment which I adopted, with a view to cure this diſeaſe, was as follows. I ordered veneſection to the extent of from ten to fourteen ounces, in order that the matter abſorbed into the blood might be diminiſhed, the circulation rendered more free, and the fluids be determined from the center to the external ſurface. In ſome caſes, the bleeding was repeated on the ſecond day. After veneſection, a large bliſter was immediately applied to the ſinciput, and the neck was covered with bread and milk poultices, which were renewed about every ſecond hour, and at the ſame time the patient was ordered to take the following draught.

R. Oxymel. ſcillit.

———————— helleborat. āā drach. ij

Mellis roſ.

Spir. nitri dulc. āā drach. j

Superbibatur alius hauſtus

R. Aq. Scordii unc. iij

Mixt. Simpl. s. camph. ſcrup. j

" After taking theſe medicines, the bed-clothes being properly arranged, the patient, in about a quarter of an hour, began to fall into a profuſe perſpiration, which I encouraged for four or ſix hours, by adminiſtering ſage-

ſage-tea, or milk whey. By this treatment, the patients, on the following day, found themſelves greatly relieved, the external tumours almoſt entirely diſappearing, together with the puſtules, which the day before had been ſo conſpicuous in the fauces. In order however, to ſecure them from a return of the complaint, I preſcribed, on the following day, a reſolvent powder of ſal ammoniac and nitre, to be taken every three hours, in ſage-tea, of which large draughts were likewiſe afterwards to be adminiſtered, and in the evening I ordered a doſe of Theriaca Andromachi, with Aqua Scordii, by which means profuſe perſpirations were again induced. After health had thus been reſtored, I kept the bowels open conſtantly for ſome days, with a decoction of black hellebore, and Seidlitz ſalt."

" It frequently happened, however, that my aſſiſtance was not called for, till after the puſtules in the fauces had collapſed, and the ſubjacent fleſh had become corroded by the ichor, and the glands of the neck and thorax had ſuppurated. In ſuch caſes, I found it neceſſary to proceed in a different way, and to recommend that the tumors ſhould be ſoftened, and brought forwards, till they were fit to be opened, and that the external ulcers of the fauces ſhould be kept clean, by a gargle, conſiſting of a ſolution of the pow-

der above-mentioned, by which means the healing proceſs was beſt promoted, where the lungs had not been corroded by the ichor."

" Thus, I flatter myſelf, I have accurately deſcribed the nature of this diſeaſe, and have pointed out a method of cure, which, although I at firſt employed it with anxiety and heſitation, I can now with pleaſure recommend to all perſons labouring under the complaint, with the moſt ſanguine hope, that it will effect a ſpeedy cure."

In the opinion of Dr. Langhans, this diſeaſe is without a parallel in medical writings, either antient, or modern. Sauvages, under the title Pemphigus caſtrenſis, has quoted from M. Thierry *, an account of a contagious epidemic Fever, attended with veſications. I will inſert his deſcription of it, but muſt at the ſame time obſerve, it is ſo deficient and unſatisfactory, that the nature or character of the diſeaſe, cannot be decided upon with any degree of certainty.

Il régnoit en 1736 une maladie fort contagieuſe a Prague: les reſources et les reflexions le la facultè étoient epuiſées. Toutes les methodes echoûoient contre la ferocitè du mal. Un grand praticien de cette

* Medicine experimentale, pag. 134. Paris, 1755.

ville,

ville, qui n'étoit pas plus avancè que les autres, conſiderant un jour les véſicules qui s'élevoient ſur le peau (j'en ai vú auſſi groſſes que des noiſettes), il trouva qu'elles reſſembloient a celles que forment les véſicatoires: il ſoupçonna que le ferment acre, qui dominoit dans les humeurs, pouvoit être du même caractère que celui que fourniſſent les mouches cantharides. D'apres cette idée, il ordonna le vinaigre bézoardique a ſes malades, et les ſauva tous, tandis qu'il n'en echappoit preſque aucun entre les mains des autres médecins.

It ſeems proper here to mention the peſtilential Pemphigus, or a ſymptomatic appearance of bullæ and phlyctænæ, in peſtilential Fever, a diſtinct account of which may be found in Dr. Hodges's Hiſtory of the Plague in 1666 *, alſo in Barbette and Etmuller on the

* De Veſiculis Peſtilentialibus, Anglicè, Blaines. Papulis his in veſiculam exurgere ſolenne erat cum dolore lancinante et exquiſito, humore intùs ſeroſo, ſeu ichore, coloris ut plurimùm citrini, et velut ſtraminei, circulo diverſicolori, pluries rubicundo, munitis & circumdatis. Puſtulæ hæ in quâvis corporis parte emerſerunt, quarum uti ſtatio varia, ità eorum numerus omninò incertus,—in quibusdam paucæ, plures in aliis; unam ſexûs ſequioris vidi totam iis ſcatentem; quoad magnitudinem, nulla regula aſſignari poterat, veſiculæ enim plurimæ fabam minorem adæquabant quandoque tamen intumuerunt grandiuſculæ nuci myriſticæ haud impares. Liquor inclusus ſuppurationis omninò incapax erat, qui utpote

the Peſtilence †. This appearance differs from the veſicular eruption, which ſometimes precedes Carbuncles, as mentioned by Galen ‡ and by all the antient phyſicians, and lately deſcribed by Aſſalini §, &c.

Galen is of opinion, that the "Dreadful appearance of the Febres pemphigodes," mentioned by Hippocrates, conſiſted in an eruption of phlyctænæ, with ulcerations ‖. As an inſtance, he quotes from Thucydides's Hiſtory of the Plague at Athens, a paſſage, where ſuch an eruption is particularly noticed **.—A ſimilar ap-

ſalinus, et fere causticus, post tantillam moram eruptâ vel corrosâ cysti effundebatur, cujus color nunc citrinus, nunc lividus, nunc nigerrimus: circulus insuper tuberculum ambiens, non semper unius faciei erat, inflammatio licet summa in principio hujusmodi eruptionis apparuerit. De Pest. Lond. pag. 120.

† Barbette, Tractat. de Peste; op. pag. 300. Etmull. Colleg. Pract. pag. 361.

‡ De Tum. præt. nat.

§ On the Plague, &c. See Dr. Neale's translation, pag. 54.

‖ Δεινος γαρ ιδειν πεμφιγωδεας πυρεξεις ειρησθαι προσθεν ειπον εαν μετα φλυκταινων, και ελκωσεων γινωνται.—The author of the "Medical Definitions" attributed to Galen, defines Febris emphysodes or pemphigodes, as follows: "It is a Fever, which by the intenseness of the heat, produces blisters (φλυκτιδας) in the mouth."

** Και το μεν εξωθεν απτομενω σωμα, ουτε αγαν θερμον ην, ουτε χλωρον, αλλ' υπερυθον, πελιδνον, φλυκταιναις μικραις, και ελκεσιν εξηνθηκος.

appearance

pearance occurs, in ſome caſes of the Typhus or contagious malignant Fever, eſpecially during the ſummer. Veſications with a livid baſe, containing a blackiſh lymph, ariſe in ſucceſſion on the legs, feet, and arms. They are about the ſize of hazle-nuts, and uſually intermixed with patches of the Erythema fugax, (pag. 473), or with petechiæ and vibices. I have ſeen them on the fourth day of the fever, and obſerved, when they appear thus early, that the diſeaſe has always a fatal termination *.

3. The PEMPHIGUS INFANTILIS exhibits irregular oblong veſications or phlyctænæ, of a conſiderable ſize, and generally flattened at the top. They are at firſt ſmall and tranſparent, but as they enlarge, the fluid contained in them aſſumes a purpliſh hue, and finally becomes turbid, from a ſlight admixture of pus. They are alſo ſurrounded by an inflamed border of a livid red colour. This eruption ſometimes appears in infants two or three days after birth†, on the neck, and upper part of the breaſt, on the abdomen, the groin, the ſcrotum, and inner part of the thighs. When the fluid is diſcharged, after the veſications break, the ulcerated ſurface is not diſpoſed to heal, but ſpreads beyond its

* See Medical Commentaries for 1774, and Reports on Diseases in London, July 1794, pag. 107.

† In one case, it occurred ten months after birth.

original

original boundary, and becomes extremely painful. As the veſications ariſe one after another in different places, and are all ſucceeded by ulcerations, the diſeaſe continues with little remiſſion, for ſeveral days,—generally till the patient expires under the complicated diſtreſs, ariſing from pain, loſs of ſleep, and violent fever.—The children thus affected, are often weak and emaciated, with a dry ſhrivelled ſkin. In the few caſes which I have ſeen, the mode of treatment above recommended in the Eryſipelas of new-born infants, was adopted, but with little ſucceſs.

This complaint is ranked with the Herpes eryſipelatoſus ſeu volaticus infantum, in the Acta Natur. Curioſor.*, and by Dr. Buckner, Miſcellanea Phyſico-Medico-Mathematica, Ann. 1727. It is properly deſcribed in the Commentaria Med. Lips. from Dr. C. J. Œhme's Diſſertatio inauguralis, Lipſiæ 1773.

Inter vitia integumentorum Cl. Œhme contemplatur exanthema illud quod Germanis Schälblaſſen appellatur, et creberrimè in recens natis apparet. Sunt veſiculæ majores limpidam aquam continentes, quæ marginem inflammatoriam oſtendunt. Apparent primò ad inguina, indè ad umbilici viciniam, axillas, et digitos deferuntur, et poſt tres quatuorve dies, exſiccatæ de-

* The case stated by Dr. J. R. Zuinger, vol. I. Obs. 81. differs, in some particulars, from the cases presented to my own observation.

cidunt

cidunt. Servant hæc exanthemata typum morbi quasi epidemici, ut uno anno frequentiùs & copiosiùs occurrant quam in altero.

The Pemphigus infantilis, though different in appearance, is certainly analogous to the Erysipelas of infants, (pag. 503), and seems to originate from the same causes.

The Pemphigus Indicus, of which Sauvages has taken his idea from Bontius, De Epidemiis in Indiâ morbis, Obs. 3. was merely a symptomatic eruption of phlyctænæ in the malignant Dysentery, accompanied with petechiæ and gangrenous ulcers *. In the same place, he improperly cites Morton's Pyretologia, (Appendix, pag. ult.) as referring to a similar eruption of vesicles, in the Fever of the year 1691, which was attended with diarrhœa, or a slight dysentery. Dr. Morton, however, seems to express, by the terms Vesiculæ

* Rev. ac doctiss. vir Joannes Cavallerius, circà idem tempus correptus est Febre ardente, superveniente Dysenteriâ atrabiliariâ, quæ cum per aliquot dies continuasset, eruperunt sub axillis, in tergo circà lumbos, et inguinibus, etiam in collo, pustulæ ac vesicæ quædam, plenæ ac distentæ pure viridi, et subjectam cutem ad carnem usque erodente, quæ nobis primâ facie spem criseos faciebant; sed Dysenteriâ non cessante, nec febre, cum phrenitide ingravescente, probissimus simul et doctissimus juvenis ex hac vitâ ad cœlos raptus est.

aqueæ,

aqueæ, a miliary eruption ſcattered over the neck and breaſt, in ſome caſes, at the latter end of the diſeaſe.

The eruption of Hydroa or Hydatides, mentioned by Carol. Piſo, Obſ. 147-150, pag. 439, has been likewiſe termed Pemphigus, by Sauvages and others, but it was evidently nothing more than a ſymptomatic appearance of miliary veſicles, which occurred in the laſt ſtage of a Fever (Synochus putris), and which terminated by deſquamation, not, according to the account of Pemphigus, by ſcabs, or extenſive excoriations.

Sauvages's fifth ſpecies, Pemphigus Braſilienſis, is ſaid to be produced by handling the Coluber bicephalus, either alive or dead; but we might as reaſonably aſſign a place in noſology, to the appearance excited by rubbing the ſkin with the Meloë veſicatorius *, or with the ſhell of the caſhew nut.

A caſe in the Act. Nat. Cur. vol. IX. Obſ. 18. en-

* This has been occasionally done, and with a striking effect, by persons who wished to attract attention, and to benefit by the commiseration they excited. Some time ago, a woman applied to Dr. Meyer for medical advice and assistance, and shewed on her arms, &c. an extensive eruption of bullæ, of the size of hazle-nuts. Her account not being very consistent, some suspicion arose, and, on the second or third visit, she was betrayed by the shining particles of cantharides, which, on a close examination, were observable in the furrows of the skin.

titled

titled Febris acuta, veſiculoſo-eryſipelacea, has alſo been conſidered as a caſe of Pemphigus; but, on cloſely attending to the ſymptoms *, we ſhall find that the diſeaſe was the Scarlatina anginoſa, and that the veſicular appearance was nothing more than the ſymptomatic eruption deſcribed above, pages 258, 278.

The caſes ſtated in the firſt volume of Medical Facts and Obſervations, (pag. 205), by Mr. R. B. Blagden, do not agree with other accounts of the Pemphigus: I am inclined to think the diſeaſe deſcribed was the Swine-pox, entitled by Sauvages, after Cuſſon, Hydrachnis, and by other writers Chryſtalli, Variolæ ſpuriæ, Variolæ aqueæ or lymphaticæ, Varicella, &c. Some of the veſications, in this complaint, increaſe to a conſiderable ſize, and they are often ſucceeded by ulcerations, and cicatrices or pits, as Mr. Blagden has mentioned. The appellation he has given to it, is countenanced by Dr. Frank, who denominates the Swine-pox, Pemphigus variolodes.

On concluding the account of Pemphigus as given by

* Insignis in totâ corporis superficie rubor—deglutitio difficilis—mox inflammatio et suppuratio in ore et faucibus,—delirium summum,—plenaria virium prostratio, &c. &c. pag. 57.—Sexto morbi die, multæ vesiculæ in toto corpore, imprimis circà digitos manuum pedumque, adparebant, quæ forſice apertæ purulentam tenuem materiam fundebant, cuticulâ deindè squamularum more secedente, &c. pag. 58.

medical authors, I take the liberty of propoſing the following queries:

1. Whether the caſe quoted from Seliger (page 524), is not a caſe of the Eryſipelas phlegmonodes, with ſome incidental variations *?

2. Whether in the caſes quoted from Sauvages and Thierry, and from the Tranſactions of the R. Iriſh Academy (pag. 527), the eruption was not ſymptomatic, and connected with the Typhus or peſtilential Fever, in the manner ſtated, pag. 535-7?

3. Whether the diſeaſe deſcribed by Dr. Langhans was not rather endemic than epidemic or contagious †, and

* Compare the case in Schenckii Obs. Med. pag. 771. Another case in the Acta Soc. Reg. Med. Hauniensis, vol. I. has been quoted as a case of Pemphigus, although the author himself, Dr. Gulbrand, termed the disease he described, Erysipelas vesiculosum.

† No mention being made of this disease in the succeeding volumes of the Acta Helvetica, or by any other author, we have not the means of reconciling Dr. Langhans's contradictory account of it. In the first paragraph, he informs us the disease was universally fatal: Per totam æstatem, æquali vehementiâ, duravit, ità ut omnes, qui eo corripiebantur, obierint. In the second paragraph, he compares it to the Lues venerea, noticing, however, one striking difference,—that it proved mortal in less than twenty-four hours. Notwithstanding these unqualified observations, he enumerates, in the succeeding page, the usual, and favourable modes, in which the disease terminated—Ordinarii ac salutares morbi exitus, quibus ægri ab omni malo liberari solent. He also says, that, in many cases, his attendance was not requested, till the vesicles in the throat were collapsed, and the glands had suppurated, circumstances which, according

to,

and referable to ſome local cauſe, like the Mal des Ardens, &c. as mentioned above, pag. 499, note?

Not having been able to procure the Amœnitates Medicæ, to which Sauvages refers, I do not poſſeſs all the evidences reſpecting the exiſtence of the Febris bulloſa or Pemphigus, and cannot, therefore, properly give a definitive opinion upon it. I muſt, however, obſerve, that if the Pemphigus had ever exiſted in Europe, according to the noſological definition of it *, as an idiopathic, epidemical, and contagious diſeaſe, like the Peſtilence, Small-pox, or Scarlatina, it could not now have afforded us a ſubject of controverſy.

to his own statement, took place on the second, third, or fourth day of the disease (prout morbus incepit): see above pag. 530, 533.—Dr. L.'s account of the causes, is likewise unsatisfactory. If thick fogs, cherry-brandy, whiskey, and rancid cheese, could produce so singular a disorder, we should long ago have had reason to lament its existence and devastation in the British Isles.—Respecting the treatment, medical readers cannot fail to remark how inadequate the plan proposed by Dr. Langhans would be to arrest the progress of a contagious Fever, so virulent, and so fatal, as that which he has described.

* PEMPHIGUS. Typhus contagiosa; primo, secundo vel tertio morbi die, in variis partibus, Vesiculæ, avellanæ magnitudine, per plures dies manentes, tandem ichorem tenuem fundentes. CULLEN.

MORTA. Phlyctænæ aliquot in abdomine, sive artubus, magnitudine avellanæ:—Febris diaria, malignissima, funestissima. LINN.

ORDER IV.

III. POMPHOLYX.

THE POMPHOLYX is an eruption of Bullæ, (pag. 485), without any inflammation round them, and without fever *. This complaint is termed by Sauvages Pemphigus ſine pyrexiâ, and by Plenk, Pemphigus apyretos; but as it differs in the moſt material points from Eryſipelas, and from the Pemphigus deſcribed by Noſologiſts, I have applied to it a new generic title.—The terms Pomphos and Pompholyx, originally ſignified an air-bubble, but were afterwards employed in medical language, to expreſs reddiſh and rounded elevations of the cuticle, containing a watery fluid †. Pemphix, from whence is derived the word Pemphigus, denoted a ſmall veſicle or Phlyctæna ‡.

* See Plater, De Phlyctænis, tom. II. p. 673.

† Επαναςασεις τω δερματος οχθωδεις τε αμα και πλαδαραι, και ενερευθεις. Galen Exeges. And. Lib. 2. De Mulier.

‡ See Galen Comment. 6. in Epidem. Lib. 1.

I propoſe

I propoſe to conſider three varieties of the Pompholyx; Pompholyx benignus, Pompholyx diutinus, and Pompholyx ſolitarius.

1. The POMPHOLYX BENIGNUS exhibits diſtinct tranſparent bullæ, of about the ſize of a pea, or, in ſome caſes, as large as a hazel nut. Theſe appear, in ſucceſſion, on the legs, arms, chin, temples, or cheeks, and break in three or four days, diſcharging the lymph * they had contained. The excoriations preſently heal, and the cuticle is reſtored, without a pit or cicatrix. This eruption, which is not attended with any manifeſt diſorder of the conſtitution, ariſes from very different cauſes. Boys are ſometimes affected with it for a week or two in hot weather. I have known it occur, in the ſame perſon, three times during one ſummer. A ſimilar appearance has been obſerved in ſome young perſons of an irritable conſtitution, after taking a few grains of mercury; in others, the eruption has been produced by the action of acrid vegetable ſubſtances on the ſtomach.—Infants are often affected with the Pompholyx benignus during the period of dentition: the bullæ generally appear on the face, thighs, arms, and ſides of the abdomen,

* According to Mr. Gaitskell's experiments, "the fluid contained in the veſicles of Pompholyx is less saline, and contains a less proportion of coagulable lymph than the serum of the blood, there being only two grains of coagulum in thirty-two grains of the veſicular fluid." Mem. of the Med. Soc. of London, vol. IV. art. 1.

and

and are ſoon removed, without any diſagreeable conſequence*.—An eruption of the ſame kind has been obſerved, in a few inſtances, after Vaccine Inoculation †. This might be owing to the application of dried matter, which had undergone ſome change in it's conveyance from one place to another, for no ſuch eruption, ſo far as I can learn, has occurred in London, where recent fluid is generally employed.

2. The POMPHOLYX DIUTINUS, is a tedious and painful diſorder, chiefly affecting perſons of a debilitated conſtitution, and particularly ſevere in thoſe who are of an advanced age. It commences with nu-

* Foresti Obs. Chirurg. 8. Lib. II. Lond. Med. Journal, vol. XI. pag. 234.

Dr. Underwood remarks, "that this eruption takes place both in bowel complaints and teething." On the Diseases of Children, vol. I.

"I have often seen what I suppose to be a milder form of the Pemphigus infantilis, above described. Solitary vesications arise in different parts, chiefly about the neck, and fingers, and on the inside of the thighs. These are filled with a thin yellowish fluid; the edges of the base appear reddish, but the redness extends a very little way from the blister. When the vesication is broken, the surface underneath appears red, but does not ulcerate extensively. Children thus affected, are sometimes pale and languid, but they do not appear to suffer much pain. A cordial plan of treatment usually restores them to health." DR. JOHN SIMS.

† See Appendix to the Treatise on this subject, pag. xii. Also the Rapport du Comitè central de la Vaccine a Paris.

merous

merous bullæ or veſications on the face and arms, and is diffuſed, by a gradual progreſſion, to the neck and breaſts, and round the body, to the groins, thighs, and legs, and ſometimes to the tongue, fauces, and the inſide of the cheeks *. The veſications ſeem to ariſe from red tingling elevations of the cuticle, nearly reſembling the larger ſort of papulæ †, (ſee pag. 73): within twenty-four hours they are of the ſize of a pea, and perfectly tranſparent, but if permitted to dilate, they afterwards become as large as a walnut, ſometimes aſſuming a yellowiſh hue. If the fluid be diſcharged from any of them by a ſmall orifice, they are again filled with lymph during the ſucceeding night. When the veſications are rubbed off, or otherwiſe removed prematurely, the excoriated ſurface is extremely ſore and inflamed, and does not heal for a conſiderable time. Ulcerations of this kind being multiplied as the diſeaſe advances, a ſlight

* Occupant quoque pustulæ, nasi, oris, et faucium, interiora. Hoffmann, Suppl. II. 489.

† PL. XXXIII. Fig. 1. A. represents this papulated appearance.
B. B. The Bullæ or Vesications full and transparent.
C. A Vesication beginning to turn yellow.
D. D. Vesications on the decline.
E. E. Broken Vesications somewhat inflamed.
S. The Scab beginning to form on the excoriated surface.
Fig. 2. represents an appearance of the Pompholyx, sometimes connected with the Prurigo formicans; see below, pag. 551.

febrile

febrile paroxyſm occurs every night, and the patinet ſuffers much from pain, loſs of ſleep, and confinement. Since the bullæ or veſications ariſe in ſucceſſion upon different parts of the body, and often re-appear on the parts firſt affected, we are not able, at the beginning of the complaint, to judge, with any degree of certainty, what will be the extent or duration of it. In ſome caſes under my own obſervation, it continued two months, in others three, or four, or even five months, ſo that the whole number of bullæ, amounted to ſeveral thouſands. After a ceſſation of ſome weeks, or months, the eruption frequently returned again, and proceeded in the ſame manner as before.

In a man aged forty-ſix, the veſications firſt appeared on the ſcrotum and about the groins, during the month of October, 1789: the eruption afterwards extended to other parts of the body, and to the tongue: it was removed in about two months. He continued free from the complaint till February, 1790, when a few veſications appeared on his wriſts; others aroſe on his arms, neck, ſides, ſcrotum, and lower extremities. Thoſe on the legs were ſlightly inflamed, and their contents became turbid from an admixture of pus: the reſt were pellucid, and without any redneſs or inflammation round them. The diſorder continued nearly three months: after it had diſappeared, the patient enjoyed good health,

but

but he was again affected with the eruption, at the latter end of June, in the year 1790.

In a widow, aged thirty-eight, the veſications began to appear on the cheeks and round the eyes, at the latter end of December, 1786. About the middle of January 1787, the eruption took place on her neck and breaſts, and afterwards affected ſucceſſively the ſhoulders, arms, back, and lower extremities. The veſications then aroſe from time to time, on different parts, without any regular order; ſome of them, which were nearly an inch in diameter, were ſucceeded by large painful ulcerations. The complaint wholly diſappeared in April, but returned again on the 12th of May, and continued for about a month.

The Pompholyx diutinus is uſually preceded, for ſeveral weeks, by ſickneſs, headach, and pains of the limbs, with a ſenſation of languor and laſſitude. Theſe ſymptoms do not always abate, on the appearance of the veſications.—The cauſes of this diſeaſe, or the circumſtances under which it appears, are not uniform. In ſome of the caſes preſented to my own obſervation, it was imputed to fatigue, anxiety, watching, and low diet: in others, it ſeemed referable to intemperance in eating, and exceſs in drinking ſpirituous liquors *. A young

* Hoffmann gives, at great length, the case of a lady, aged fifty, "of the Sanguineo-choleric temperament", in whom the disease recurred four

 times,

young woman was ſeverely and repeatedly affected with it, during five ſucceſſive ſummers, from the age of 18 to that of 24. The only peculiarity in her caſe was, that the catamenia had never appeared.

Eugalenus deſcribes the Pompholyx diutinus as a ſpecies of Dropſy, (Hydrops veſicalis), connected with Scurvy *. Caſes are alſo related in the Acta Nat. Cur. which prove the frequent coincidence of the Pompho-

times, through passion and intemperance. 1. From drinking largely ("cum summo appetitu et delectatione") of elicampane wine. 2. By eating too much fruit, &c. and by fits of anger. 3. By taking large draughts of cold water, in order to refresh herself after a paroxysm of rage ("cùm vehementi irâ excandesceret"). 4. By again indulging her inveterate habits, "post errores in diætâ rursùm commissos, animique commotiones", &c. &c.

On the two first attacks, the disease continued a month, many fresh vesications appearing every evening, with symptoms of Fever. They differed, in magnitude, from the size of a bean to that of a hen's egg. Some of them, which had become confluent, resembled the small intestines when in an inflated state: others contained lymph of a greenish or livid colour, and were succeeded by spreading ulcerations. All of them, according to the patient's account, began to rise with a hissing noise (cum sibilo). De affectu raro Scorbutico Pustulari, ed. ann. 1704.

* Vulgus nostras, a vesicarum prominentium formâ, *bonk-water* appellat .... Hâc Hydropis specie plures apud nos corripiuntur, imprimìs lerò qui malâ victûs ratione utuntur, aquisque nostris putridis, crudis, et corruptis, vel cerevisiis ab iis decoctis. De Scorbuto, Obs. xx.

lyx

lyx diutinus with Purpura, and Anaſarca or general Dropſy *.

In the Memoirs of the Medical Society of London, vol. III.†, we have an account of the caſe of a lady who, in the fifth month of pregnancy, was affected with the Pompholyx on her arms, hands, and chest, and in the throat, &c. She had previouſly undergone much fatigue and anxiety, the conſequences of which were, great languor, with loſs of appetite, headach, and an uterine hæmorrhage. Within two months, ſhe recovered her health and ſtrength in ſome degree, but during the latter ſtage of her pregnancy, ſhe had a general ſwelling of the body and lower extremities.

In a caſe recorded by Dr. D. Stewart ‡, this diſeaſe appeared on a young ſoldier, ſoon after a ſudden retropulſion of the Meaſles, occaſioned by expoſure to cold

* A. N. C. vol. VIII. pag. 19. De universali humorum dyscrasiâ Scorbuticâ, gravissimis et planè insolitis symptomatibus stipatâ, ex abusu spirituosorum, et fœculentorum, prognata. By J. de Boetticher.

Vol. X. Obs. 76. pag. 260. De peculiari quâdam Febris malignæ, catarrhalis, exanthematicæ, purpuraceo-pustularis specie, vesicali ulcerosæ. By O. F. W. Frentzel.

This disease continued five or six weeks.

† Appendix; case of Pemphigus, by J. Upton.

‡ Medical Commentaries, vol. VI. History of a case of the Pemphigus major of Sauvages, by Dr. David Stewart, physician in Aberdeen.

while he was marching to Aberdeen. He was at the ſame time affected with great laſſitude, and ſtiffneſs of the joints, headach, thirſt, nauſea, difficulty of ſwallowing, coſtiveneſs, and a ſenſe of oppreſſion about the cheſt: his tongue was foul, his pulſe from 110 to 120, his eyes dull and languid, but he was not delirious. The bullæ or veſications were diffuſed over the whole ſurface of the body, the diſtance from one to another being, in ſome places, half an inch, in others, three or four inches: there was not any redneſs round their baſes.—With proper care and attention in the Hoſpital of Aberdeen, from the 15th to the 27th of April, the complaints of this young man were removed, and he was enabled to return to his duty.

The deſcription of the caſes of Pemphigus given by Mr. Chriſtie *, and Mr. Gaitſkell †, does not differ from the foregoing account of Pompholyx, (pag. 546, &c.) The patients, who had been engaged in laborious occupations, were affected with the eruption for ſeveral ſucceſſive weeks.

An eruption, reſembling the Pompholyx diutinus, appears in ſome caſes of the Prurigo formicans and ſeni-

* London Medical Journal, vol. X. Part IV.

† Memoirs of the Medical Society of London, vol. IV. Mr. G. aſcertained that this diſeaſe is not communicable by inoculation.

lis,

lis, and greatly aggravates the ſymptoms of thoſe complaints; (pag. 72, 80.) The bullæ are of about the ſize of a pea, as repreſented PL. XXXIII. Fig. 2.* A ſimilar eruption may alſo be occaſionally obſerved in the ſcaly Tetter †, (Pſoriaſis diffuſa, &c.) and even in that ſpecies of it, with which waſher-women are affected, from the irritation of ſoap; (pag. 160.)—But the Pompholyx occurs in it's moſt extenſive and diſtreſſing form in perſons at an advanced age, when the ſkin becomes dry and rigid, and when perſpiration is conſiderably diminiſhed. Under theſe circumſtances, the veſications are numerous, and ſome of them are diſtended with clear lymph the ſize of a turkey's egg: others appear livid or black, and when they are broken, the excoriated ſurface seems to be in a state of mortification. I have not, however, in any caſe, ſeen this appearance ſucceeded by actual gangrene, or deep ulcer-

* An appearance, somewhat similar, is produced by the bites of bugs. The bullæ, however, are mostly elevated upon small tumors, or wheals such as those represented, PL. XXXI. Fig. 3.

† A case, in which the Pompholyx (especes d'Ampoules, remplies de serositè, &c.) supervened to a scaly disease of the skin (Psoriasis inveterata? pag. 171), is related at large, in the Journal de Physique, tom II. pag. 2 — Observations par Mons. de la Motte, Médecin de Bourdeaux, sur une maladie singulière de l'Epiderme, 1775.

An eruption of bullæ, as well as the pustules mentioned p. 200, sometimes takes place in Icthyosis.

ation:

ation: but ſuch conſequences of the diſeaſe are noticed by authors *.—Many freſh veſications daily ariſe, with a ſenſation of heat and tingling in the ſkin; and even the cuticle, which has been formed over recent excoriations, is, in many places, ſoon raiſed again by lymph effuſed under it. The patient thus ſuffers nearly as much as if bliſters were applied in ſucceſſion to different parts of the body, and from time to time repeated.—This painful affection continues in ſome caſes, for five or ſix weeks, in others, for as many months. When very reſtringent lotions, or ointments, are applied ſo as to ſuppreſs the eruption, ſome internal diſorder uſually follows, as headach, pain of the ſtomach and bowels, bilious vomiting or diarrhœa, with ſymptoms of fever.—In caſes where nothing of this kind has occurred, the eruption ſometimes terminates in another form of diſeaſe,—by

* Humor virulentus (a bullis majoribus missus) cutim substratam, a quâ cuticula secesserat, ulceratione et corruptione arrodebat, non sine fœtore. Prætereà aliæ minores pustulæ, sub-obscuri nigri coloris, sanguine concreto refertæ, hinc indè dispersæ in abdominis regione, visebantur, quæ sphacelosam corruptionem minabantur. HOFFMANN.

J. Boschius, vir patricius, octagenario proximus, repentè aliquot hujusmodi ampullis, variis in corporis partibus, sine febre, correptus est. Ruptâ epidermide, plaga subter, primum rubra, dein livida, et nigricans apparuit. His, sine alio symptomate, intrà quatuor vel quinque dies, paulatim extinctus est. Burserius, De Pemphigo.—Compare the case, entitled Pemphigus, by Dr. Miroglio, Journal de Médecine, tom. 81.

ſwelling and inflammation about the larger joints, or by nodes, incurvation, and ſtiffneſs, of the ſmaller articulations.

A few caſes of Pompholyx in old age, have been ſtated to me, in which a cure was obtained by the adminiſtration of ſulphur and nitre, Peruvian-Bark, or Plummer's Pill, with the decoction of Sarſaparilla, Dulcamara, Elm-bark, &c. After repeated trials of theſe medicines, I have not been fortunate enough to obſerve any permanent advantage from them. According to my own experience, the warm-bath, uſed every ſecond day, affords a more immediate alleviation of the ſymptoms, and contributes more to remove the diſeaſe, than any other application. It is, however, ſingular that this remedy does not prove of equal advantage to young perſons affected with the Pompholyx. In ſome inſtances, it has aggravated the tingling in the ſkin, and appeared to increaſe the eruption. The diſeaſe is ſeldom very ſevere at an early period of life. In children, or in perſons under forty years of age, I have ſeen it generally removed, within three weeks, by Peruvian bark combined with diuretics, eſpecially with the powder or tincture of Digitalis.

3. Pompholyx solitarius. In this form of the diſeaſe, large veſications ariſe, on ſome part of the body, one after another, at nearly equal intervals of time. A diſagreeable

diſagreeable tingling is felt, for ſeveral hours before the veſication ariſes, which is uſually in the night. It enlarges rapidly, ſo as ſometimes to contain, on the following day, a teacupful of lymph. Within forty-eight hours, the cuticle breaks, the lymph is diſcharged, and a ſuperficial ulceration remains. Near this, another veſication ariſes in a day or two, and goes through the ſame proceſs as the firſt. A third, fourth, fifth, and ſixth veſication will ſometimes appear, and proceed in like manner.

The Pompholyx ſolitarius is attended with ſickneſs and languor, though not with fever. It is a diſeaſe which rarely occurs, and ſeems only to affect women. I have ſeen three caſes of it: in one, the left arm was affected, in the other two, the breaſts. The excoriations occaſioned pain and irritation, with partial hardneſs in the ſubſtance of the breaſt *. Peruvian-Bark was given with evident advantage. Poultices made with linſeed powder were firſt applied to the ſores, and afterwards light dreſſings. The complaint was thus removed in eight or ten days, but, in one caſe, it appeared again at the end of a fortnight, the patient having expoſed herſelf to a ſtream of cold air, when over-heated by labour.

* Professor Lorry has remarked, that vesications of this kind portend Cancer. De Morb. Cut. Art. ii. Part 2.

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Bloomsbury-Square, 1st March 1808.

Definitions page 12.

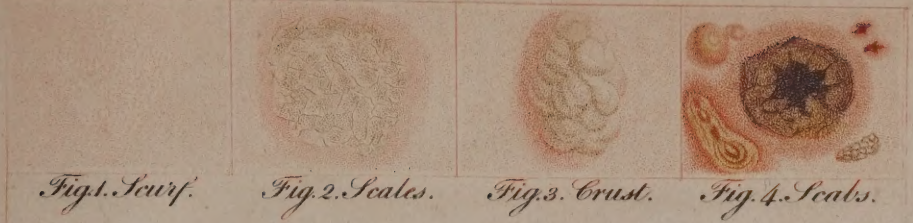


Fig. 1. Scurf. Fig. 2. Scales. Fig. 3. Crust. Fig. 4. Scabs.

Fig. 5. Stigmata & Petechiæ. Fig. 6. Papulæ.

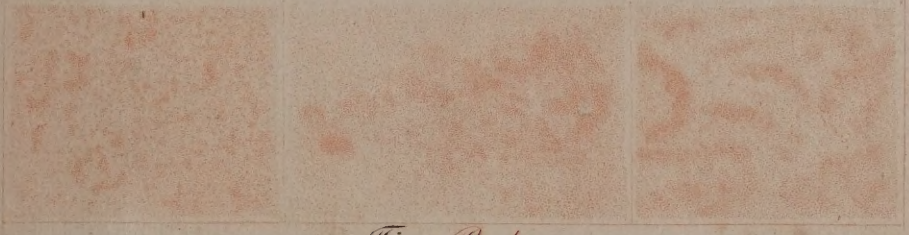


Fig. 7. Rashes.

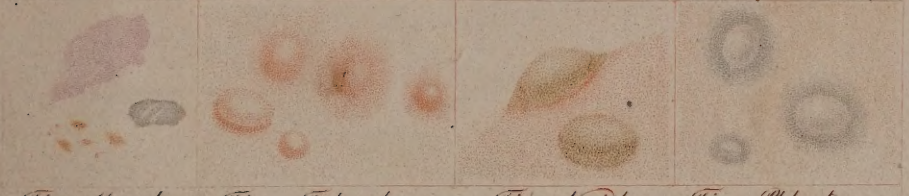


Fig. 8. Maculæ. Fig. 9. Tubercles. Fig. 10. Vesicles. Fig. 11. Phlyctænæ.

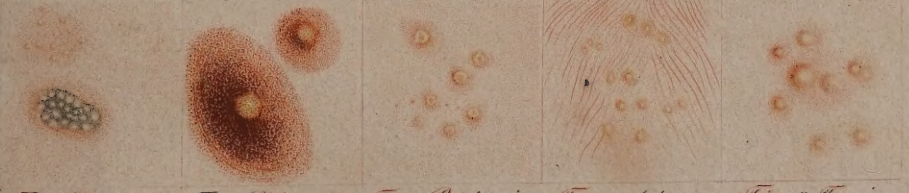


Fig. 12. Phlyctides. Fig. 13. Phlyzacia. Fig. 14. Hydracia. Fig. 15. Achores. Fig. 16. Favi.

Edwards delin.t

Printed by W. Hinton, West Harding Street, Fetter Lane.

London, Published Oct.r 1.1796, by J. Johnson, St. Paul's Church Yard.

Perry Sculp.t

Strophulus intertinctus.

W. Barton. delin.t

Printed by W. Blanchard, Wort. Harding Street, Fetter Lane.
London. Published Oct.r 1.1796. by J. Johnson, St. Paul's Church Yard.

Perry Sculp.t

Strophulus albidus.

Printed by W. Hinton, West Harding Street Fetter Lane.

Syd. Edwards delin.t

London, Published Oct.r 1.1796, by J. Johnson, St.t Paul's Church Yard.

Perry Sculp.t

Fig.1.

Strophulus confertus

Fig.2.

Strophulus volaticus.

Fig.3.

Strophulus candidus.

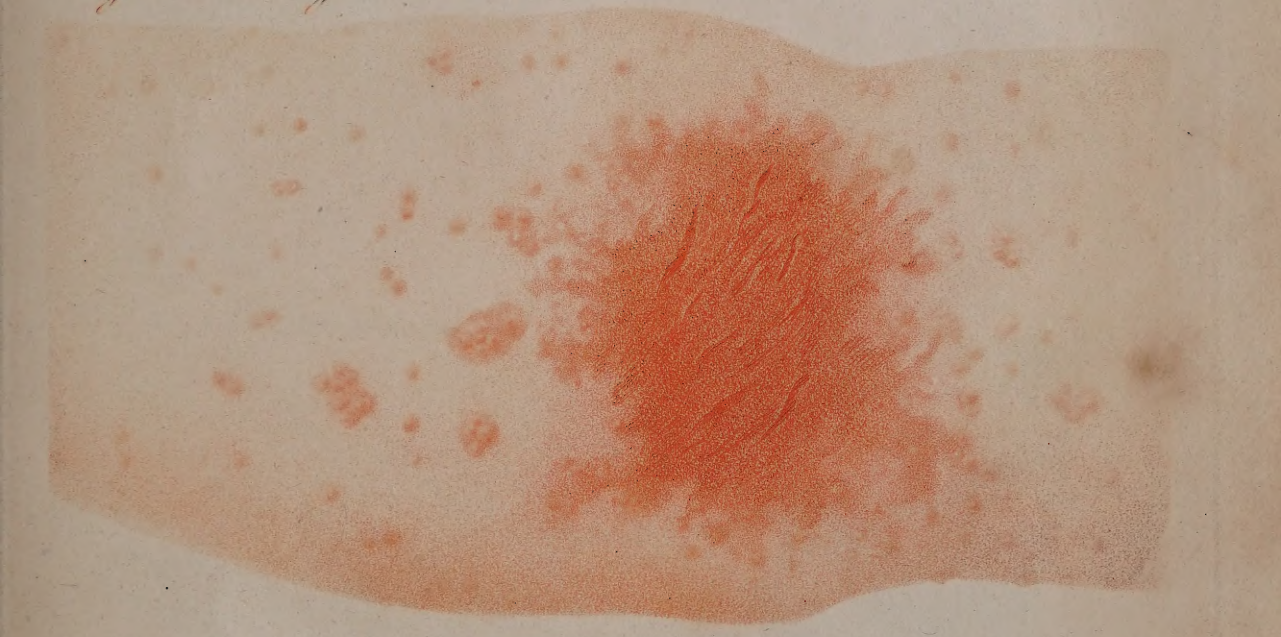
Printed by W. Hinton West Harding Street Fetter Lane.

London, Published Oct.r 1.1796. by J. Johnson, St Paul's Church Yard.

Fig. 1. Lichen simplex.

W. Darton Delin.t

Fig. 2. Lichen agrius.



Syd. Edwards Delin.t

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J. Strutt Sculp.t

Fig. 1. Lichen pilaris.

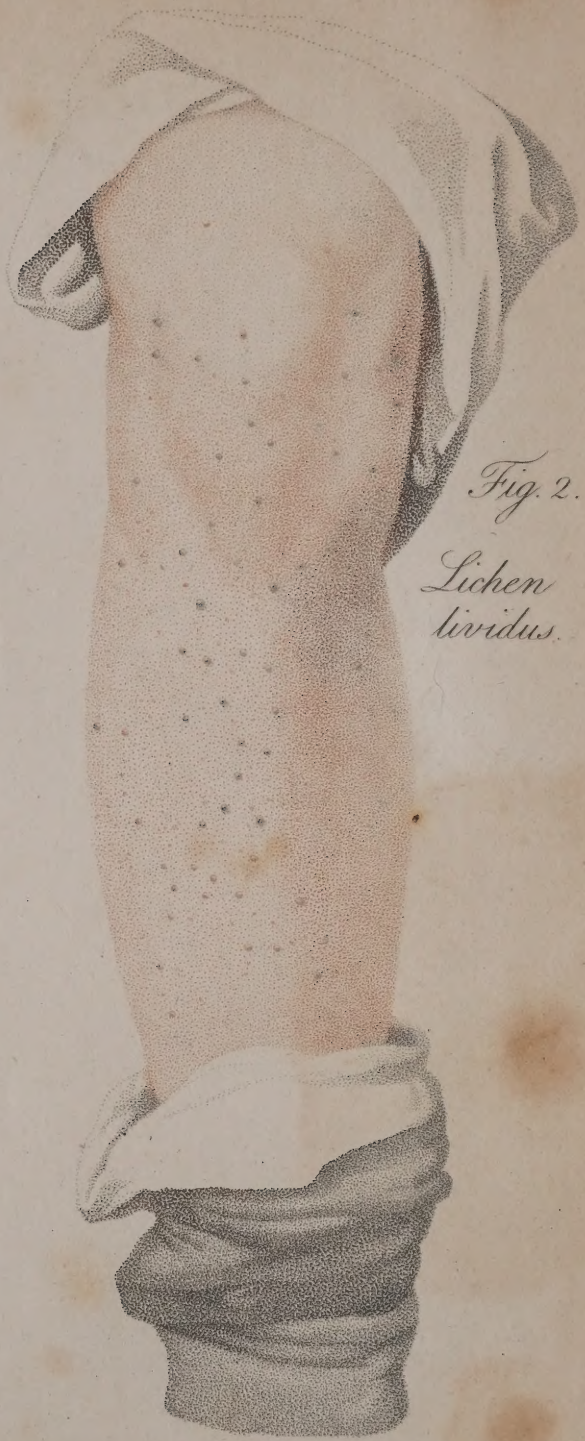

Fig. 2.
Lichen lividus.

Syd. Edwards delin.t

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Boyne delin.t

Perry Sculp.t

Fig. 2. Prurigo formicans.

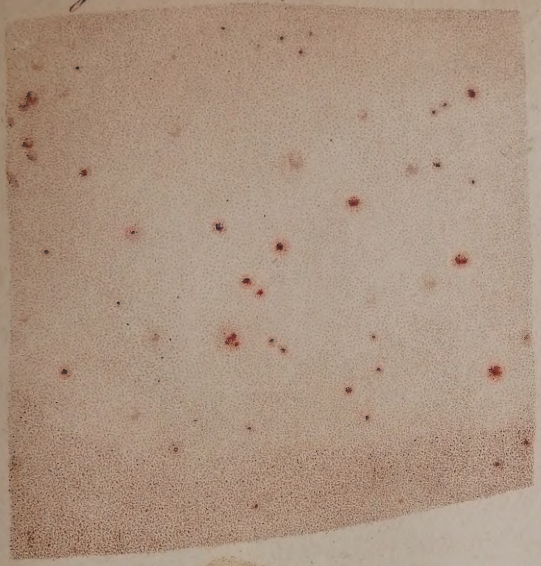

Fig. 1.
Prurigo mitis.

Fig. 4.

Natural size

an enlarged claw

Fig. 3. Prurigo senilis.

Syd. Edwards delin.t

Printed by N. Hoston, West Harding Street, Fetter Lane.
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Perry Sculp.t

Lepra Vulgaris.

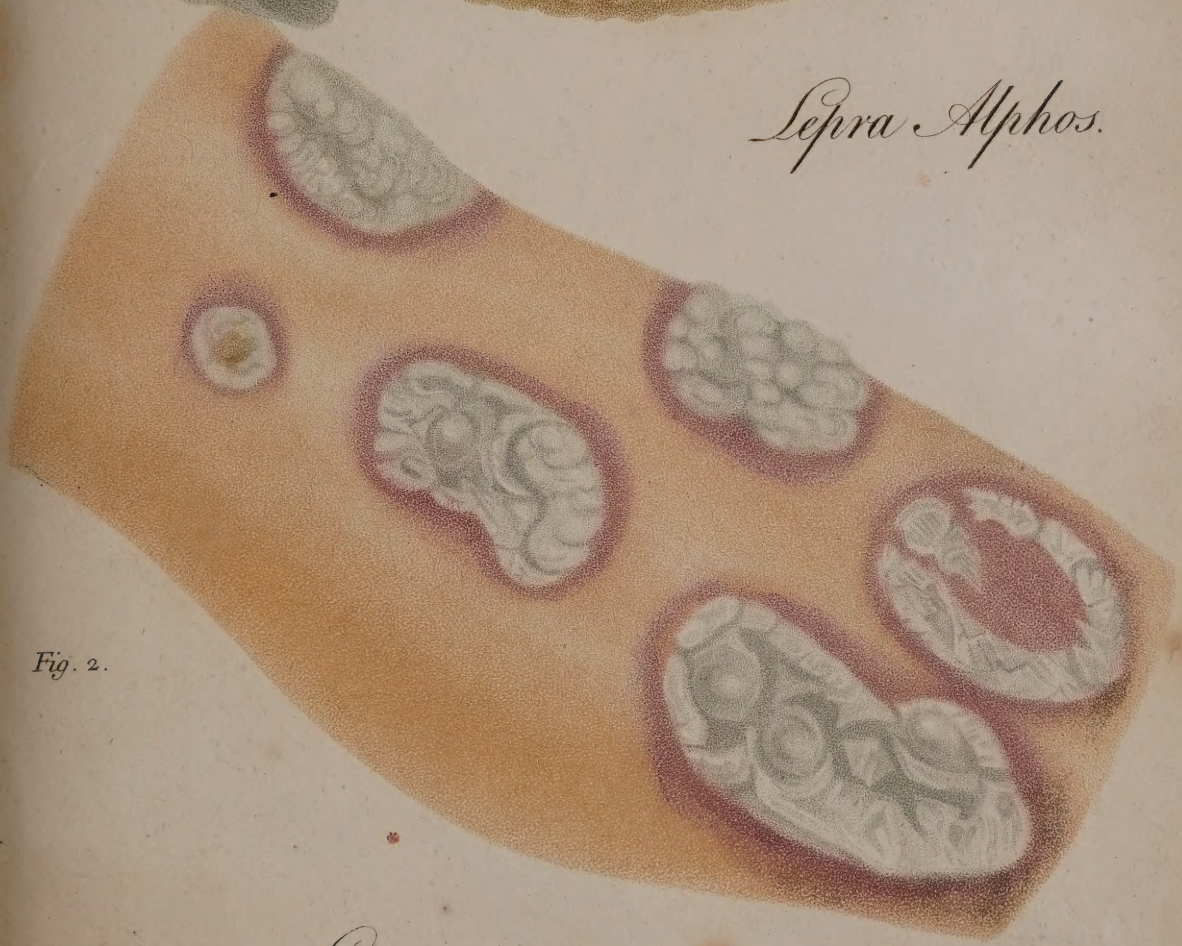
Drawn by Syd.t Edwards. — *Engraved & Printed by W.m Hinton N.o 137 High Holborn.*

London, Published May 1.st 1796 by J. Johnson St.t Paul's Church Yard.

Fig. 1.

Lepra Alphos.

Fig. 2.



Lepra nigricans.

Drawn, Engraved & Printed by W. Hinton, N°137 High Holborn.
London, Published Nov.r 5. 1798. by J. Johnson, St. Pauls Church Yard.

Lepra Venerea?

Perry del & Sculp.

London Published May 1.1799 by J. Johnson St Pauls Church Yard.

Psoriasis guttata

Psoriasis diffusa, in seperate patches.

Drawn by Syd Edwards — Engraved & Printed by W. Hinton, West Harding Street, Fetter Lane.

London: Published May 1st 1798, by J. Johnson, St. Pauls Church Yard.

Psoriasis diffusa

Fig. 1.

Fig. 2.

Psoriasis diffusa; peculiar to Washer Women.

Drawn by Boyne. Engraved & Printed by W. Hinton, West Harding Street, Fetter Lane.

London. Published May 1st 1798, by J. Johnson St. Pauls Church Yard.

Psoriasis diffusa — peculiar to Bakers.

London: Published Aug.1st 1798. by J. Johnson St Pauls Church Yard.

Psoriasis gyrata.

Drawn, Engraved, & Printed by W. Hinton West Harding Street Fetter Lane.

London, Published May 1st. 1798. by J. Johnson. St. Pauls Church Yard.

Psoriasis palmaria?

Drawn Engrav'd, & Printed by W. Hinton, West Harding Street, Fetter Lane.
London Published Aug.t 1-1798, by J. Johnson St.t Pauls Church Yard.

Fig 1.

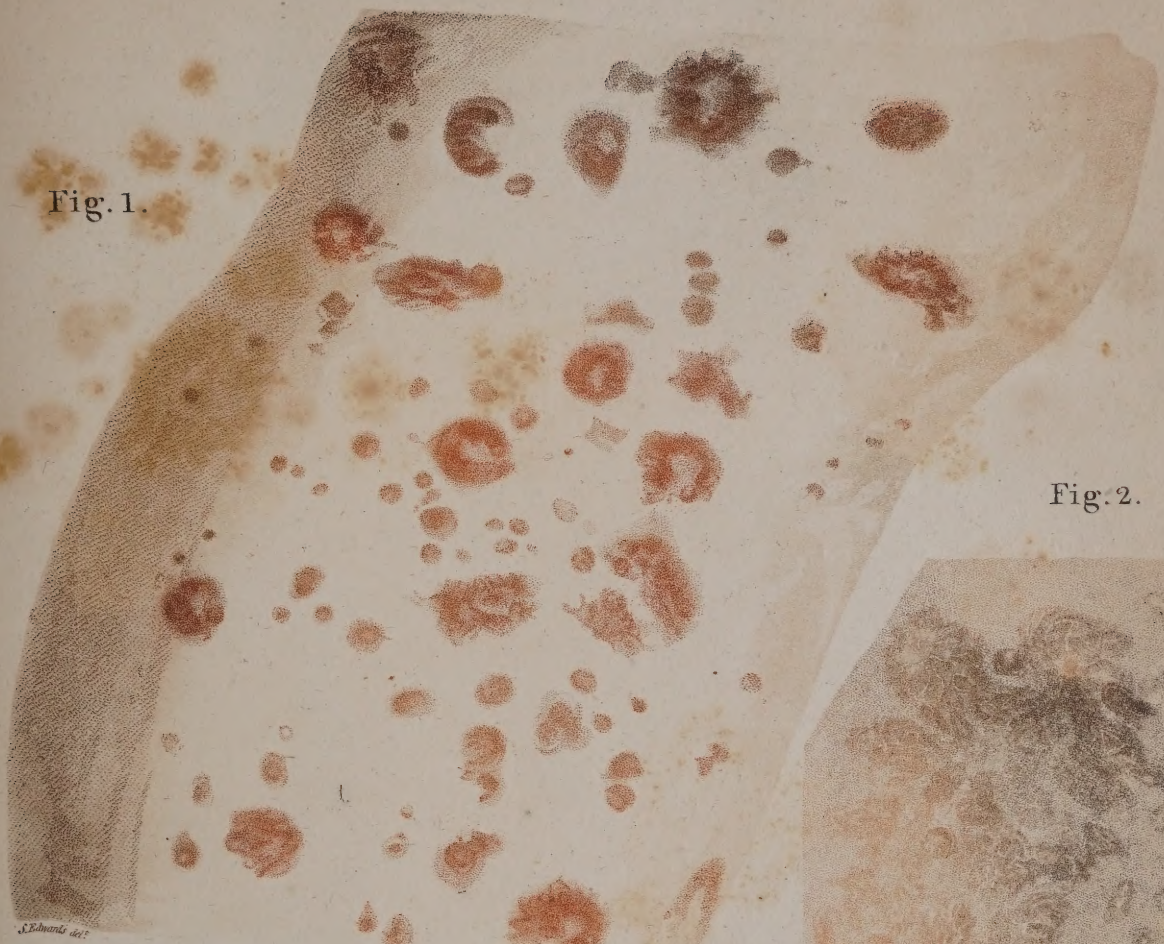
Psoriasis guttata (Syphilitic)

Fig. 2.

Psoriasis diffusa (Syphilitic)

London: Published Febr 25th 1799. by J. Johnson St Pauls Church Yard.

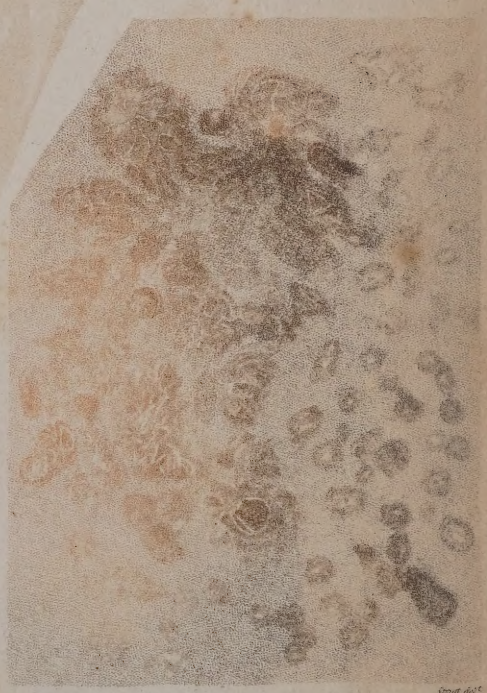
Fig. 1.



S. Edwards del.

Syphilitic form of the Psoriasis gyrata.

Fig. 2.

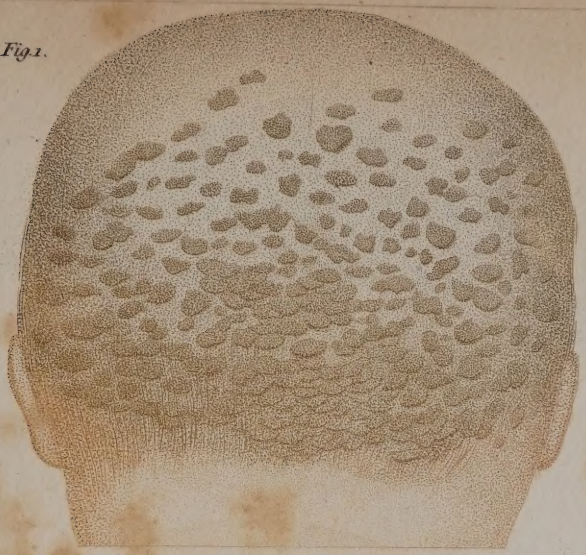


Strutt del.

Psoriasis Infantilis.

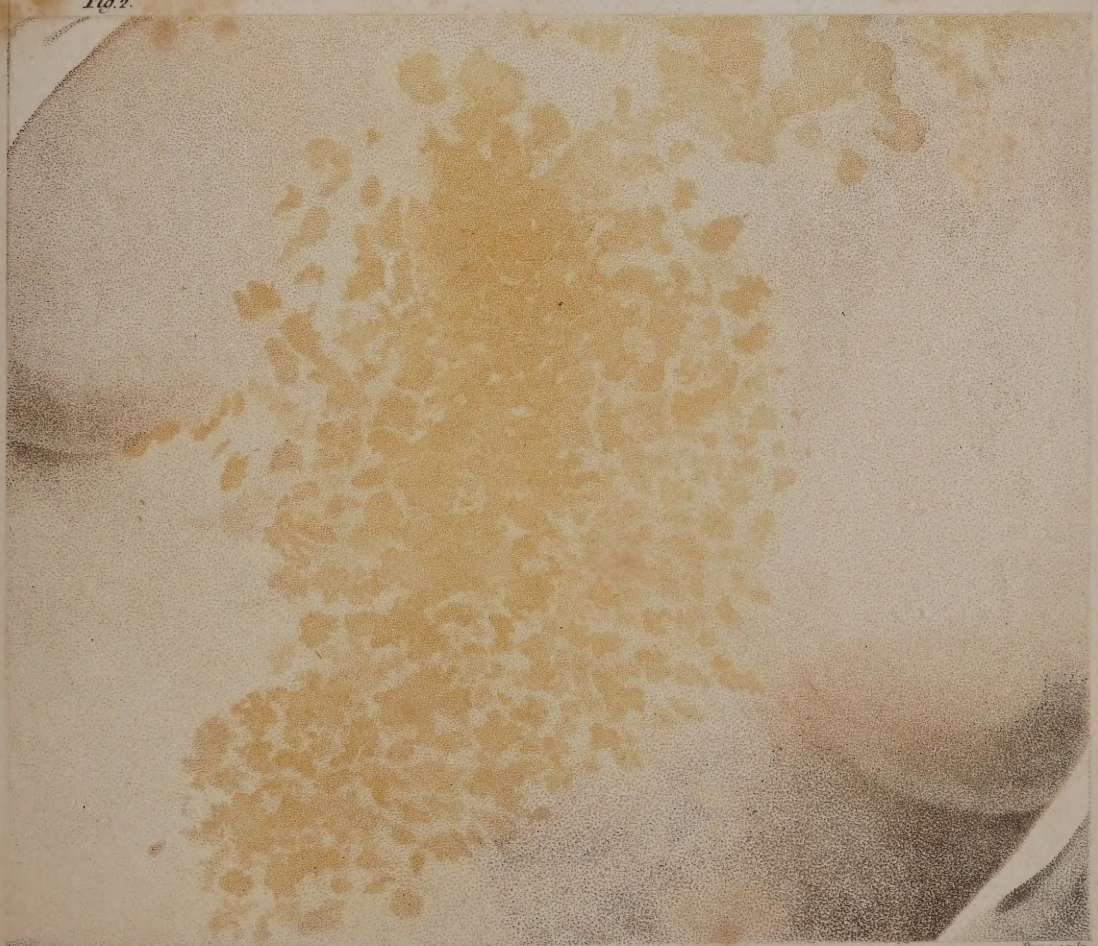
Fig.1.

PL. XVII.



Pityriasis

Fig.2.



Syd Edwards del.

Printed by W. Hodson, N.° 237, High Holborn.
London: Published May 1.1799, by J. Johnson St Pauls Church Yard.

Perry sculp.

Ichthyosis Simplex.

Drawn, Engraved, & Printed by W. Hinton, West Harding Street, Fetter Lane.
London. Published May 1st 1798, by J. Johnson St. Pauls Church Yard.

Ichthyosis cruris.

Drawn, Engraved, & Printed by W. Hinton, West Harding Street, Fetter Lane.

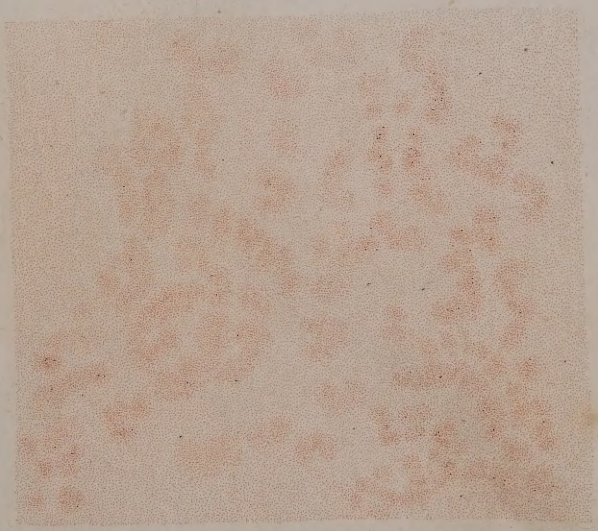
Rubeola vulgaris

Rubeola sine catarrho

Rubeola nigra

Fig. 1

Fig. 2



Appearance of the Rubeola vulgaris on its decline

Fig. 2

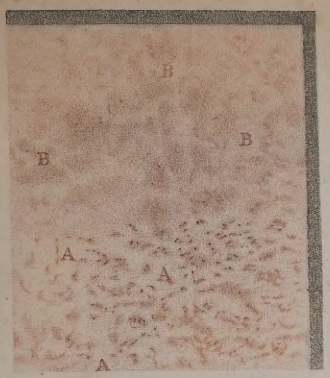


Fig. 3

Fig. 1

Scarlatina simplex

Strutt delt.

London: Pub. Nov. 1. 1804. by J. Johnson, St. Pauls. Church Yard.

Scarlatina Anginosa

Fig. 2

Fig. 3

Scarlatina maligna.

Fig. 1.
Urticaria evanida

Syd. Edwards Jelin.t

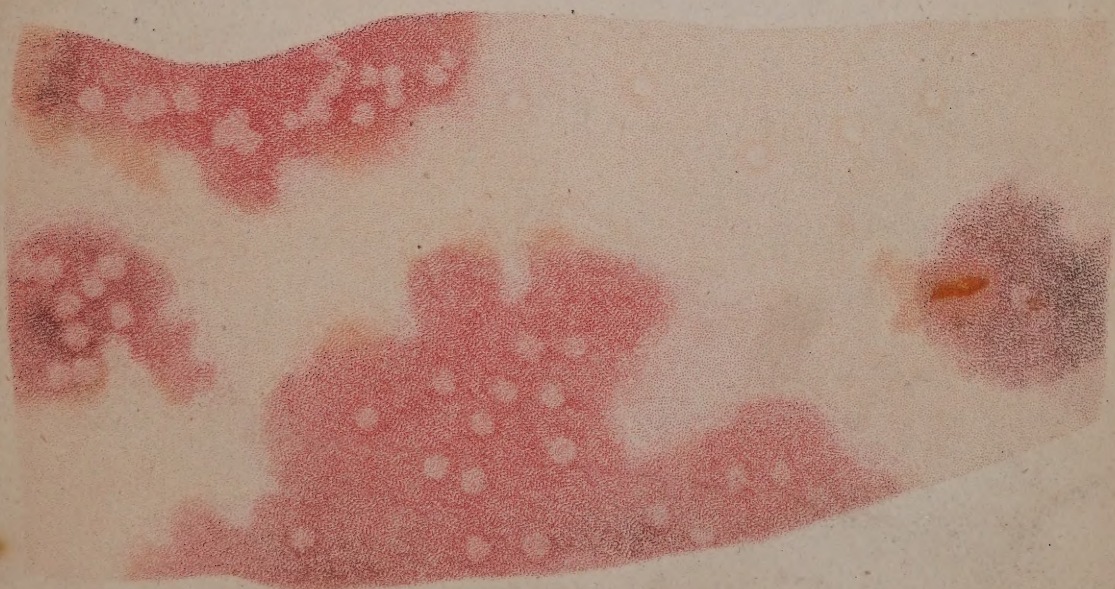


Fig. 2. Urticaria febrilis

Roseola æstiva

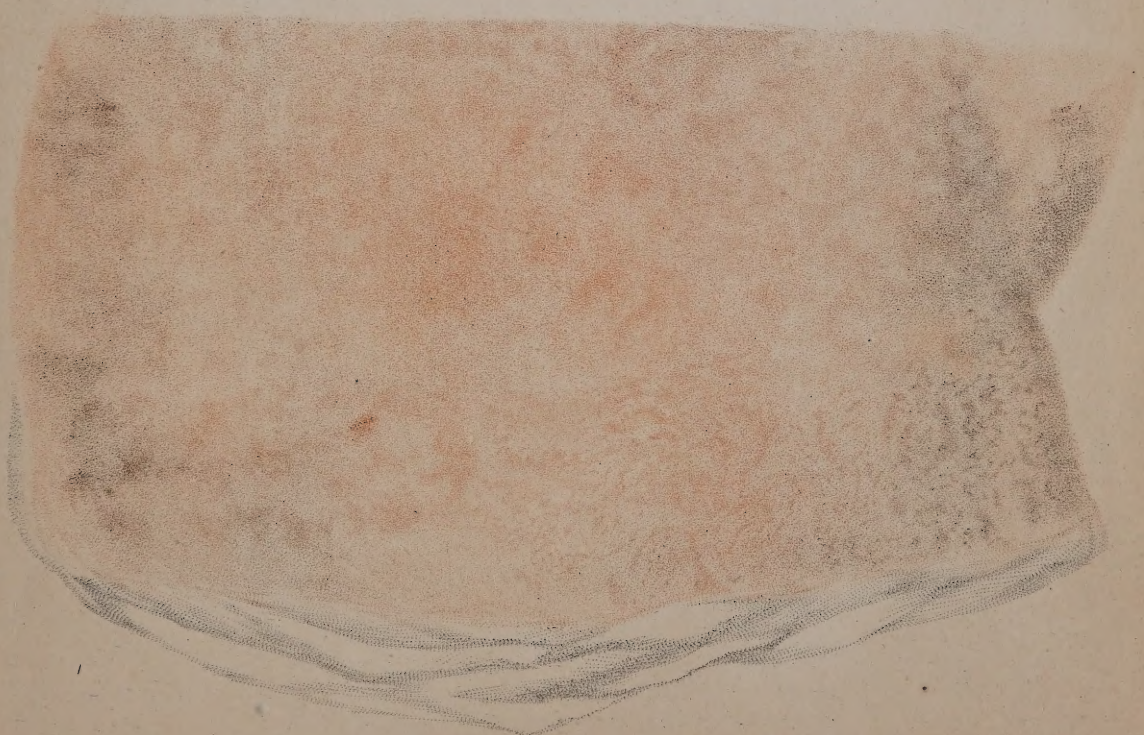
Fig 1.

Fig 2.

Roseola autumnalis

Strutt delin.t *London, Published by J. Johnson, St. Paul's Ch. Yd. July 1 1807.*

Roseola annulata *Fig. 1.*



Roseola infantilis *Fig. 2.*

Fig. 3. Roseola vaccina

Fig. 1.

Fig. 2.

Roseola variolosa

Purpura simplex

Fig. 1.

Fig. 2.

Purpura hemorrhagica

London. Published by J. Johnson. St Paul's Ch. Yd. Jul

Fig. 1.
Purpura urticans

Petechiæ

Fig. 2

Fig. 3.

London Published by J. Johnson St Paul's Ch. Yd. July 1. 1807

Erythema pupulatum

Fig. 1.

Fig. 2.

Erythema tuberculatum

Strutt delin.t

London Published by J. Johnson St. Paul's Ch. Yd. July 1. 1807.

Erythema nodosum

Fig. 1

Erythema
papulatum
Syph.

Fig. 2

Fig. 1. Pompholyx diutinus

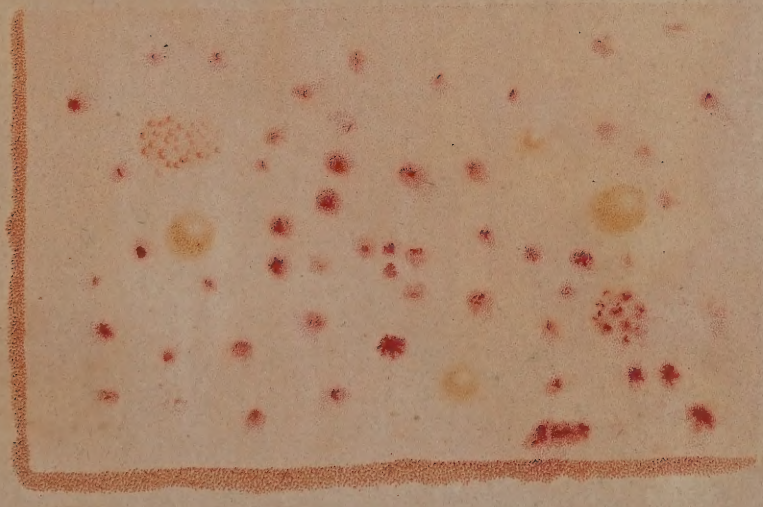


Fig. 2. Pompholyx pruriginosus.

W. Darton delin.t Published by J. Sibson, June 1st 1808. Sutton sculp.